ABERDEEN EXPRESS, INC.

Name of person filing claim:	Name of Carrier: **ABERDEEN EXPRESS, INC.**	Date:
Name and address of Claimant:	Address: **1400 Glendale Milford Rd.**	Claimant's Number:
	City, State, Zip: **Cincinnati, OH 45215**	**Claim Number:**
City, State, Zip:	Fax: **(513) 326-3763**	**Pro Number:**

This claim for $_____ is made against the Carrier named above by _____ for ____ loss or ____damage in connection with the following described shipments of paid Freight Bill # _____.

Name and address of Consignor (Shipper):	Final Destination (Consignee whom shipped to):
Shipped From (City, State, Zip):	Carrier issuing B/L:
Shipped To (City, State, Zip):	Date of B/L:
If shipment reconsigned enroute, state particulars:	

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIM IS DETERMINED.

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

SHOW ALL DISCOUNTS AND ALLOWANCES.

TOTAL AMOUNT CLAIMED	

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

_____ Original bill of lading, if not previously surrendered to carrier.

_____ Original paid freight (expense) bill.

_____ Original invoice or certified copy.

_____ Concealed loss or damage form from:
__ Shipper __ Carrier __ Consignee

_____ Other partticulars obtainable in proof of loss or damage. _____

Explain the absence of any document called for in this claim: _____

WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS.

IDEMNITY AGREEMENT: When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to idemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents. Foregoing statement of fact is hereby certified as correct.

Signature of Claimant: _____

Date: _____

Name/Address of Claimant: _____

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