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<b>Palmetto State Transportation Company, Inc.</b>	<b>CUSTOMER COMMUNICATION</b>		
	Location: Greenville	Originator: Susan N. Copeland Approval: Barry Martin	Revision: E Effective: 11/16/05
<b>Title: PRESENTATION OF LOSS AND DAMAGE CLAIMS FORM</b>	<b>FORM071</b>		

Approved by the Interstate Commerce Commission, The Freight Claim Association, National Industrial Traffic League and the National Association of Railway Commissioners.

(Name of person to whom claim is presented)	(Address of claimant)	(Claimant's Number)^
(Name of Carrier)	(Date)	(Carrier's Number)
(Address)		
This claim for \$ _____ is made against the carrier named above by _____		
(Amount of Claim)		(Name of claimant)
for _____ in connection with the following described shipments:		
(loss or damage)		
Description of shipment: _____		
Name and address of consignor (shipper): _____		
Shipped from: _____	To: _____	
(City, town or station)	(City, town or station)	
Final Destination: _____	Routed via: _____	
(City, town or station)		
Bill of Lading issued by: _____	Co. _____	Date of Bill of Lading: _____
Paid Freight Bill (pro) Number: _____	Original Car Number and Initial: _____	
Name and address of consignee (Whom shipped to): _____		
If shipment reconsigned enroute, state particulars: _____		

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED**  
(Number and description of article, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

Total Amount Claimed:	

- IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM.\***
- ( ) 1. Original bill of lading, if not previously surrendered to carrier.
  - ( ) 2. Original paid freight ("expense") bill.
  - ( ) 3. Original invoice or certified copy.
  - ( ) 4. Other particulars obtainable in proof of loss or damage claim:

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The foregoing statement of facts is hereby certified as correct.

\_\_\_\_\_  
 (Signature of claimant)

^Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim. \*Claimants will please place check (x) before such of the documents mentioned as has been attached, and explain under "remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents.