



## Gulf & Atlantic Railways Fright Loss or Damage Claim Form

Date of Claim Filing:

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Subscribing Carrier:

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Railcar(s) Initial & Number:

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Shipper/Consignor Name, City, State & Zip:

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Receiver/Consignee Name, City, State & Zip:

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Commodity (STCC or Product Description):

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Loading date

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Shipping date

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Bill of Lading

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Freight Bill(s):

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Invoice or Manufacturing Costs of commodity:

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Demanded payment amount:

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