

## Standard Form for Presentation of Loss and Damage Claims

POSCO PROCESSING PLANT      6500 Jefferson Metro Pkwy, McCalla, AL 35111 <small>(Company name of Claimant)</small> <small>(Address of claimant)</small>		(Claimant's Number)*
VECTO INC      7/6/2021 <small>(Name of Carrier)</small> <small>(Date)</small>		
7700 BRUSH HILL RD SUITE 135, BURR RIDGE, IL 60527 <small>(Address)</small>		(PRO Number)

  

This claim for \$ up to \$ 7,680.49 is made against the carrier named above by POSCO PROCESSING PLANT  
(Amount of claim)      (Name of Claimant)

for Damage in connection with the following described shipment(s):  
(Loss or damage)

Description of shipment      Skidded Steel Coils

Name and address of consignor (shipper)      ~~Skidded Steel Coils~~ POSCO AAPC LLC

Shipped from McCalla, AL to \_\_\_\_\_  
(City, Town or Station)      (City, Town, or Station)

Final Destination Waukesha, WI Routed via \_\_\_\_\_  
(City, Town or Station)

Bill of lading issued by: POSCO AAPC LLC      Date of Bill of Lading: 6/14/2021

Paid Freight Bill (Pro) Number: Invoice not issued yet

Name and address of Consignee (Whom shipped to)      SPX, 4500 S Prairie Ave, Waukesha, WI 53186

If shipment reconsigned enroute, state particulars: \_\_\_\_\_

  

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED <small>(Number and Description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)</small>	
Loss amount (subject to change, depending on actual loss amount once determined)	\$ 6,026.45
Total freight cost	\$ 1,393.79
Inspection/Repair and Handling	\$ 257.25
Deduct Scrap Credit (not yet determined)	
Total Amount Claimed	up to \$ 7,680.49

  

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 showing claimants cost.

( ) 4. Other particulars obtainable in proof of loss or damage claimed.

  

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

  

Isabell Terry  
Printed name of claimant (print clearly)

205-277-2162  
(Claimants contact phone number)

The foregoing statements of facts is hereby certified to 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.

\*\*Claimant will please place check ( X ) before such of the documents mentioned as have 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.