## NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only ball-point pen or typewriter. THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM. Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

| marribor tri  | e pagee.                         |                                 |   |  |
|---|----------------------------------|---------------------------------|---|--|
|   |                                  |                                 | be completed by member)                             |  |
| 1. STATEM   | ENT OF PROPERTY LOSS             | OR DAMAGE: You are hereby       | notified of the loss or damage in the               | e following shipment of personal property. |
| a. Name of Member (Last, First, Middle Initial)                 |                                  |                                 | b. PPGBL Order Number                               | c. Date of Delivery                        |
|   |                                  |                                 |   |  |
| d Origin of 9   | Shipmont (City and State/Cov     | intri)                          | o Doctination of Shipmont (City and                 | d State/Country)                           |
| d. Origin of Shipment (City and State/Country)                  |                                  |                                 | e. Destination of Shipment (City and State/Country) |  |
|   |                                  |                                 |   |  |
| f. You are fu   | urther notified that property ow | vner intends to present a claim | for this loss and/or damage.                        |  |
|   | ereby extended an opportunit     |                                 |   |  |
| 2. LIST OF  | PROPERTY LOSS/DAMAGE             | (NOTE: Tracer action is requ    | uested for items listed as missing)                 |  |
| a. Inv. No.   | b. Name of Item                  | c. General Descriptio           | n of Loss or Damage (If missing, so                 | indicate)                                  |
|   |                                  |                                 |   |  |
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|   | •                                |                                 | completed by claims office)                         |  |
|   | •                                | original to home office of ca   | rrier/contractor listed in item 9 or                | n DD Form 1840)                            |
| 3. TO (Home Office of Carrier/Contractor)                       |                                  |                                 |   |  |
| a. Name and Address (Street Address, City, State, and Zip Code) |                                  |                                 |   | b. Date of Dispatch                        |
|   |                                  |                                 |   |  |
|   |                                  |                                 |   |  |
| 4 VOLID DI  | EDDESENTATIVE MAY COM            | ITACT THIS CLAIMS OFFICE        | FOD ASSISTANCE                                      |  |
|   | d Address of Claims Officer      | ITACT THIS CLAIMS OFFICE        | b. Signature  |  |
| a. Haino and  | , isaloso of Claims Officer      |                                 | J. Olgilataio                                       |  |
|   |                                  |                                 |   |  |
|   |                                  |                                 | c. Date Signed                                      | d. Telephone Number                        |
|   |                                  |                                 |   |  |
|   |                                  |                                 |   |  |