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.

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			e completed by member)	
			ified of the loss or damage in the followi	
a. Name of Member (Last, First, Middle Initial)			. PPGBL/Order Number	c. Date of Delivery
d. Origin of Shipment (City and State/Country)			. Destination of Shipment (City and Stat	re/Country)
You are	e hereby extended an opport	tunity to inspect the	present a claim for this loss property.	and/or damage.
2. LIST OF PROPERTY LOSS/DAMAGE (NOTE: Tracer action is requested for items listed as missing)				
a. Inv. No.	b. Name of Item	c. General Description of	Loss or Damage (If missing, so indicate	e)
	 (NOTE: Mail ori	SECTION B - (To be c ginal to home office of carri	ompleted by claims office) er/contractor listed in item 9 on DD Forr	n 1840)
3. TO (Home Office of Carrier/Contractor)				
a. Name and	d Address (Street Address, City, State	e, and ZIP Code)		b. Date of Dispatch
4. YOUR R	EPRESENTATIVE MAY CONTACT	THIS CLAIMS OFFICE FO	OR ASSISTANCE	-
a. Name and Address of Claims Officer			b. Signature	
			c. Date Signed	d. Telephone Number