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.

office. If	more than one page is nee				
		·	e completed by member)		
			tified of the loss or damage in the follow		
a. Name of Member (Last, First, Middle Initial)			o. PPGBL/Order Number	c. Date of Delivery	
d. Origin of Shipment (City and State/Country)			e. Destination of Shipment (City and Sta	nte/Country)	
You are	e hereby extended an opp	ortunity to inspect the		s and/or damage.	
	2. LIST OF PROPERTY LOSS/DAMAGE (NOTE: Tracer action is requested for items listed as missing)				
a. Inv. No.	. Inv. No. b. Name of Item c. General Description of Loss or Damage (If missing, so indicate)			re)	
		SECTION B - (To be a l original to home office of carr	completed by claims office) ier/contractor listed in item 9 on DD For	m 1840)	
3. TO (Hom	e Office of Carrier/Contractor)				
a. Name and	d Address (Street Address, City, S	State, and ZIP Code)		b. Date of Dispatch	
4 VOLID DI	EDDESENTATIVE MAY CONTA	CT THIS CLAIMS OFFICE F	OP ASSISTANCE		
YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR a. Name and Address of Claims Officer			b. Signature		
			c. Date Signed	d. Telephone Number	