

# GREYHOUND LINES, INC.

LOSS  DAMAGE  OTHER

## EXPRESS TRACER/CLAIM STATEMENT

**Greyhound Lines, Inc.**  
PO Box 660691 • Dallas, TX 75266-0691

**Fax: 214.849.6808**

**Email: Greyhound.Expressclaims@greyhound.com**

DATE		FILE NO.
<b>C L A I M A N T</b>	NAME	
	ADDRESS	
	CITY-STATE-ZIP	
	EMAIL ADDRESS	

This claim for \$ \_\_\_\_\_ is made against (carrier name): \_\_\_\_\_

If claim is for loss, accurately describe the outside appearance of the container indicating the size, color, type of material, identifying labels, etc. If baggage, describe type, make, material and color (see chart on reverse side of copy no. 3). Description of shipment(s):

  
  
  
  
  

<b>B U S B I L L</b>	TYPE <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D.		NAME OF ISSUING CARRIER		
	NUMBER	DATE ISSUED	DECLARED VALUE	WEIGHT	NUMBER OF PIECES
				LBS.	____ SHIPPED
					____ RECEIVED

Name and Address of Shipper \_\_\_\_\_

Name and Address of Consignee (To Whom Shipped) \_\_\_\_\_

List and describe every item in your shipment which has been lost or damaged as indicated below. This list must be complete.

QUANTITY	DESCRIPTION OF ARTICLES (Indicate trade name, type, material, color, and nature and extent loss/damage)	COST TO CLAIMANT	PERSONAL EXPRESS ONLY	
			DATE OF PURCHASE	PRESENT DEPRECIATED VALUE
<b>TOTAL</b>				

If more space is needed, attach another sheet. If property is covered by insurance, give the name and address of the Insurance Company:

**IMPORTANT:** The Original Copy of the Busbill, and any Sales Slips, Invoices, or other verification of the purchase value of articles listed above, must be attached to this Statement.

The foregoing statement of facts is hereby certified to as correct.

Tracing Agent: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: // /

Date of Tracer:	Date Claim Received:
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Title:	Secondary Phone No:
Phone No:	