

# CARGO LOSS / DAMAGE CLAIM

DATE:

## 1. General Information

AIRBILL NUMBER	DATE OF AIRBILL
SHIPPER FROM / TO	CLAIMANT'S REF. NO.

## 2. Description of Lost / Damaged Goods

PIECES	WEIGHT	DESCRIPTION	REASON FOR CLAIM	AMOUNT

## 3. Additional Information

NOTIFICATION OF LOSS OR DAMAGE REPORTED TO:				
AT <i>(Location)</i>	DATE	PHONE	LETTER	OTHER
INSPECTION MADE BY:		DATE:	CARRIER REP:	
NAME OF CLAIMANT				
COMPANY				
MAILING ADDRESS				
CITY	STATE	ZIP	PHONE	
EMAIL				

## 4. Supporting Documentation *(Attach Original or Certified Copy)*

1. AIRBILL FOR SHIPMENT	4. CARRIERS INSPECTION REPORT
2. PURCHASE RECEIPT FOR GOODS LISTED ABOVE	5. STATEMENT OF SALVAGE VALUE IF APPLICABLE
3. INVOICE FOR REPAIR OF GOODS LISTED ABOVE	6. PHOTOGRAPHS

SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE OF CLAIMANT'S REPRESENTATIVE \_\_\_\_\_