



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
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INSPECTION MADE BY:	DATE:	CARRIER REP:
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NAME OF CLAIMANT

COMPANY

MAILING ADDRESS

CITY	STATE	ZIP	PHONE
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EMAIL

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

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| 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 | |

SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE

DATE

JOB TITLE OF CLAIMANT'S REPRESENTATIVE