



DATE: _____

LOSS AND DAMAGE CLAIM FORM

NAME OF CLAIMANT:		CLAIMANT'S CLAIM NUMBER:
CLAIMANT PHONE NO.:	CLAIMANT FAX NO.:	CLAIMANT EMAIL ADDRESS:
ADDRESS OF CLAIMANT: (STREET, CITY, STATE, ZIPCODE)		
PAID FREIGHT BILL (PRO) NUMBER:		CLAIM FOR: (CIRCLE ONE) LOSS / DAMAGE
NAME OF SHIPPER:		
ADDRESS OF SHIPPER: (STREET, CITY, STATE, ZIPCODE)		
NAME OF CONSIGNEE:		
ADDRESS OF CONSIGNEE: (STREET, CITY, STATE, ZIPCODE)		

DESCRIPTION OF SHIPMENT:		
Number of pieces in shipment	Total weight of shipment	Tax-Air authorized inspection made by:
Number of pcs short or damaged	Weight of lost or damaged	

Notification of loss or damage given to: _____
 at (place) _____ on (date) _____ by (circle one) phone letter fax e-mail

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED	
<small>(Description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)</small>	
TOTAL AMOUNT CLAIMED:	

REMARKS:

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED IN SUPPORT OF THIS CLAIM. Note: the absence of any document called for in connection with this claim should be explained

- Original or certified copy bill of lading
- Original or certified copy paid freight "expense" bill
- Original or certified copy invoice
- Invoice for repair of goods or detailed statement of nonrepairability from qualified technician
- Picture, drawing or photos of items claimed lost or missing
- Inspection Report
- Other particulars obtainable in proof of loss or damage claimed
- Salvage report, if repair not possible

In addition, please provide:
 Original packaging available for inspection

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED TO AS CORRECT.

 (CLAIM PREPARED BY) (SIGNATURE OF CLAIMANT)