



PRESENTATION OF CLAIM FORM

* Required Field

*Freight Bill Number	Sail Date	Vessel and Voyage	Container
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(MM/DD/YYYY)

CLAIMANT INFORMATION

*Company Name		*Name of Person Filing Claim	
<input type="text"/>		<input type="text"/>	
*Address	*City	*State	*Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

STATEMENT OF CLAIM (*Select one)

Shortage
 Visible Damage
 Concealed Damage
 Other

Explain in detail how you determined the claim amount. List the number and description of the goods, the nature and extent of loss or damage, the invoice cost, and the amount of your claim. You must have at least one Description and Claim Amount.

Description	Claim Amount	*Currency
<input type="text"/>	<input type="text"/>	<input type="radio"/> US DOLLARS
<input type="text"/>	<input type="text"/>	<input type="radio"/> CDN DOLLARS
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

Comments

SUPPORTING DOCUMENTS

Corresponding support of claim (shippers invoice, repair invoice (if applicable), proof of delivery, inspection, etc) must be faxed or mailed in order to process the claim. Fax documents to 310-537-1400 or mail to 19201 Susana Rd, Rancho Dominguez, CA 90221, Attention: Claims Department. Without claim support, we will be unable to consider your claim for payment.

Check the documents you'll send with the claim. The original vendor invoice is required. The others are optional.

<input checked="" type="checkbox"/> *Original Vendor Invoice	<input type="checkbox"/> Consignee Copy of Delivery Receipt	<input type="checkbox"/> Record of Discounted Sale
<input type="checkbox"/> Copy of Bill of Lading	<input type="checkbox"/> Inspection Report	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Copy of Paid Freight Bill	<input type="checkbox"/> Original Repair Invoice	<input type="checkbox"/> Other <input type="text"/>

SIGNATURE

When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.

Foregoing statement of fact is hereby certified as correct.

*Claimant Signature

Date