

## KING OCEAN SERVICES LIMITED LETTER OF CLAIM

| This claim for USD \$  | is made against:                                    | by: _                       |              |  |
|--|---|-----------------------------|--------------|--|
| This claim for USD \$ is made against: by:   |   |                             |              |  |
| Date   | per(s):   |                             |              |  |
| Vessel:<br>Bill of Lading Number:  | Voyage Number: Shipment/Docu                        | Voyage Date:<br>ment Number |              |  |
| Discharge Date:  | Discharge Date: Delivery Date: Date Agents Notified |                             |              |  |
|  |   |                             |              |  |
|  |   |                             |              |  |
|  | Total Am  | ount of Claim USD\$         |              |  |
| IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS MUST  BE SUBMITTED TO SUPPORT THIS CLAIM:  1. ( ) Original Bill of Lading 3. ( ) Delivery Receipt  2. ( ) Original Invoices 4. ( ) Any other relevant information pertaining to shortages or damages |   |                             |              |  |
| Comments   |   |                             |              |  |
|  |   |                             |              |  |
|  |   |                             |              |  |
| NOTE: Damaged goods must be retained for presentation at time of settlement The foregoing statement of facts is hereby certified to as correct.  |   |                             |              |  |
| CLAIMANT:  |   |                             |              |  |
| (Name, please print)   |   | (Phone Number               | -)           |  |
| (Address)  |   | (Fax Number)                | (Fax Number) |  |
| (City, State Zip Code)   |   | (E-mil address)             |              |  |
| Mr./ Mrs. /Ms(Signatur   | Dat<br>e of claimant)                               | e:                          |              |  |