King Ocean Services Ltd.
LETTER OF CLAIM

This claim for USD $ _____ is made against: _____ by: _____
(Amount of claim) (Name of Carrier) (Name of Claimant)

for Loss/Damage in connection with the following described shipment:
(Circle one)

Description of Shipment: _____

Date and place damage/loss was discovered: _____

Date

Name and Address of shipper(s): _____

Vessel: _____ Voyage Number: _____ Voyage Date: _____

Bill of Lading Number: _____ Shipment/Document Number _____

Discharge Date: _____Delivery Date:_____ Date Agents Notified_____

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Total Amount 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
2. ( ) Original Invoices
3. ( ) Delivery Receipt
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)

_____ _____
(City, State, Zip Code) (E-mail address)

Mr./Mrs./Ms. _____ Date: _____
(Signature of Claimant)