# Cargo Claim Form

Please complete all sections and attach all supporting documentation.

## 1 CLAIM DETAILS

CLAIM REFERENCE NO. (OFFICE USE)

DATE OF CLAIM

TOTAL AMOUNT OF CLAIM (USD)

## 2 CLAIMANT INFORMATION

CLAIMANT NAME

COMPANY / SHIPPER

PHONE NUMBER

E-MAIL ADDRESS

FAX NUMBER (OPTIONAL)

MAILING ADDRESS

CITY

STATE

ZIP CODE

## 3 CARGO LOCATION & RESPONSIBLE CONTACT

CURRENT LOCATION OF CARGO

CONTACT RESPONSIBLE FOR CARGO (NAME, PHONE, EMAIL)

## 4 SHIPMENT INFORMATION

VESSEL

VOYAGE NUMBER

VOYAGE DATE

BILL OF LADING NUMBER

SHIPMENT / DOCUMENT NUMBER

DISCHARGE DATE

DELIVERY DATE

DATE AGENT(S) NOTIFIED

NAME AND ADDRESS OF SHIPPER(S)

## 5 LOSS / DAMAGE DETAILS

**TYPE OF LOSS:** ☐ Shortage ☐ Damage ☐ Both

QUANTITY OF ITEMS DAMAGED

DATE AND PLACE LOSS / DAMAGE DISCOVERED

DESCRIPTION OF SHIPMENT AND NATURE OF LOSS / DAMAGE

| | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| *Total Amount of Claim USD$* | |

*Note: Every item must be itemized exactly as listed on the invoice/packing list. Damaged goods must be retained and made available at settlement.*

***Any charge or item not itemized will not be paid.***

## 6 REQUIRED SUPPORTING DOCUMENTATION (check all items enclosed)

- ☐ Copy of the Ocean Carrier Bill of Lading
- ☐ Complete invoices & packing lists (items itemized/highlighted)
- ☐ Delivery Receipt from the Port of Discharge
- ☐ Independent Survey report (required if loss exceeds USD $750)
- ☐ Discrepancy Certificate (Port Authority/Gov't Warehouse)
- ☐ Condemnation / Dumping Certificate (perishable merchandise)
- ☐ Photographs of damaged goods
- ☐ Written notification to local office/agent of discrepancy
- ☐ Repair estimate (one required for repairable damage)
- ☐ Second repair estimate (required if repair > $1,000)

Hidden damage must be reported within 3 days of receipt. Coverage ends 15 days after discharge/delivery, whichever occurs first.
A one (1) year statute of limitations applies. Claims are acknowledged within 3 business days; most are resolved within 90 days.

## 7 CERTIFICATION

I/We certify that the foregoing statement of facts is true and correct to the best of my/our knowledge.

PRINTED NAME

TITLE

SIGNATURE

DATE