

Claims Form



Claimant: _____ Date of Claim: _____

Claimant Address: _____

Claimant Contact: _____ Claimant Phone No.: _____ Claimant Fax No.: _____

This claim is for: Shortage Visible Noted Concealed
(check all that apply)

What is the best way to get ahold of the claimant contact? _____

Original bill of lading no. or pertaining invoice no.: _____
(if known)

If visibly noted, was this documented on the original bill of lading? Yes No
(check one)

Please provide a detailed description of any loss or damage. Provide items such as model numbers, weights, amounts, etc. The more information the better:

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Required Documentation Checklist:

(the top 4 points must be provided)

- completed Cargo Loss & Damage Claim form
- a copy of the original bill of lading or invoice number (if known)
- a copy of the suppliers invoice or the repair invoice
- pictures, pictures, pictures (they tell a thousand words and are your best evidence)
- any other supporting documents that may contribute to quick conclusion of your claim

The foregoing statement of facts is hereby certified as correct. I understand that I cannot deduct the amount of the claim from the amount of the freight charges and that the freight charges must be paid prior to this claim being accepted. I also accept the terms and conditions of the Pankratz Enterprises Ltd. Cargo Loss & Damage Claim procedures.

Preparer's Name (print)

Preparer's Signature

Date