



**CARGO LOSS OR DAMAGE CLAIM**

REMIT TO:

E-mail: [claims@approvedforwarders.com](mailto:claims@approvedforwarders.com)

Fax: (562) 944-5820

Date Claim Completed: \_\_\_\_\_

Shipment No. \_\_\_\_\_

Date Claim Received by Approved: \_\_\_\_\_

Claim is for:  Damage  Concealed Damage  Shortage

Claimed Amount: \$ \_\_\_\_\_ (This field must be completed for claim to be processed, if left blank you must explain why below)

**Shipper:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

POC: \_\_\_\_\_

**Consignee:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

POC: \_\_\_\_\_

**Detailed statement showing how the amount claimed is determined:** Number and description of articles, nature of loss or damage, invoice price of articles, amount of claim, etc. All discounts and allowances must be shown.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Claim should be supported by the following documents. Failure to include sufficient documentation may delay the claim.

Copy of Bill of Lading with POD (Proof of Delivery)  Copy of Bill for Repair Cost (if applicable)

Original Invoice showing the value of Merchandise  Photos or Inspection Report

*\*\* My signature below signifies that the forgoing statement of facts above is hereby certified as correct.*

Claimant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

▶ **GUAM OFFICE**  
P.O. Box 12788  
Tamuning, GU 96931

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3005 Ualena Street  
Honolulu, HI 96819

▶ **LOS ANGELES OFFICE**  
12425 Los Nietos Road  
Santa Fe Springs, CA 90670