



Standard Form For Presentation of Loss & Damage Claims

We are filing a claim with HT Shipping on a shipment identified as follows:

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|--|--|
| HBL No.: _____ | Dated: _____ |
| Claimant, Please Complete the Following: | Our Claim is filed for the following reason: |
| Firm Name: _____ | Shortage: _____ |
| Attention: _____ | Visible Damage: _____ |
| Address: _____ | Concealed Damage: _____ |
| City/ST/Zip: _____ | Other: _____ |
| Customer Claim No.: _____ | |

Detailed statement explaining how claim amount is determined, please include number and description of articles, including nature and extent of loss or damage, invoice cost of articles, amount of claim, etc.

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Required: Total Amount of Claim \$

| | |
|-----------------------------|------------------|
| Orig City/ST/Country: _____ | Shipper: _____ |
| Dest City/ST/Country: _____ | Consignee: _____ |

All claims must be supported by at least one document from each of the following categories (if applicable). Failure to include the necessary documents will delay the settlement of your claim.

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|--|---|
| Documentation of Transportation Contract: | Documentation of Cost of Goods: |
| ___ Copy of Ocean Bill of Lading | ___ Original Vendor Invoice (Required) |
| ___ Copy of Paid Freight Bill | <small>(Establishes price/charge for goods)</small> |
| Documentation Supporting Shortage or Damage: | Other Supporting Documents: |
| ___ Inspection Report | ___ Original Repair Invoice |
| ___ Consignee Copy of Delivery Receipt with Shortage or Damage Noted | ___ Record of Discounted Sale |
| ___ Description of Shortage or Damage (including Brochures, Drawings, Photographs, etc.) | ___ Other (Describe) |
| | _____ |
| | _____ |

Comments: _____

| | |
|------------------------|--------------|
| Preparer's Name: _____ | Phone: _____ |
| (Please Type or Print) | Fax: _____ |
| Signature: _____ | Date: _____ |

Please mail or fax this document to HT Branch Office in your region, ATTN: CARGO CLAIMS.