

Cargo Loss Or Damage Claim

08565-36 (5/83) U.S.A.

Claim in the amount of \$ _____
 is hereby filed for (check one)
 Loss Damage

Date Filed _____
 Claimants Claim No. _____
 Airbill No. _____
 Date of Delivery _____

Mail Claim To:

Land Air Express
 P.O.Box 2250
 Bowling Green, KY 42104
 Phone (270)781-0655
 Fax (270)781-0579

Claim Payable To:

Name	
Street No Or P.O. Box	
City Or Town & State & Country	ZIP Code

Shipper		Consignee	
Address		Address	
City Or Town & State & Country	ZIP Code	City Or Town & State & Country	ZIP Code

**Claim must be supported by a detailed statement showing how the amount was determined.
 Include a complete description of lost items; size, color, markings, etc.**

Were articles	New <input type="checkbox"/>	Used <input type="checkbox"/>	Weight Of Lost Or Damaged Article []	\$ Amount Claimed
Total Amount Claimed				\$

Weight of damage and/or lost shipment _____

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

- | | |
|--|--|
| Documentation of transportation contract
<input type="checkbox"/> Copy of Airbill
<input type="checkbox"/> Proof of paid freight charges | Documentation of value/amount claimed
<input type="checkbox"/> Complete vendor invoice or photocopy showing all discounts
<input type="checkbox"/> Original repair invoice or photocopy showing hours to repair, labor rate, and material cost |
| Documentation that loss or damage occurred
<input type="checkbox"/> Noted consignee copy of delivery document | Other documents to support claim
<input type="checkbox"/> Inspection Report/Survey
<input type="checkbox"/> _____ |

Remarks:

The foregoing statement of facts is hereby certified as correct

Claimant's name (print) _____

Claimant's signature _____

Date _____

Telephone No. _____

Fax No. _____