

<p>Cargo Loss Or Damage Claim 08565-36 (5/83) U.S.A.</p> <p>Claim in the amount of \$ _____ is hereby filed for (check one) <input type="checkbox"/> Loss <input type="checkbox"/> Damage</p> <p>Date Filed _____ Claimants Claim No. _____ Airbill No. _____ Date of Delivery _____</p>	<p>Mail Claim To: Land Air Express P.O.Box 2250 Bowling Green, KY 42105 Phone (270)781-0655 Fax (270)781-0579</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Claim Payable To:</th> </tr> <tr> <td style="width:70%;">Name</td> <td></td> </tr> <tr> <td>Street No Or P.O. Box</td> <td></td> </tr> <tr> <td>City Or Town & State & Country</td> <td>ZIP Code</td> </tr> </table>	Claim Payable To:		Name		Street No Or P.O. Box		City Or Town & State & Country	ZIP Code
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 _____
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Date

Telephone No.

Fax No.