

Loss and Damage Claim

SEND OR FAX CLAIM TO:
 HERCO FREIGHT FORWARDERS
 2200 NW 129th Avenue Suite#100
 Doral, FL 33182

MAKE CHECK PAYABLE TO:
 CLAIMANT

ADDRESS
 CITY, STATE, ZIP

CLAIMANT'S NAME		DATE
REFERENCE OR CLAIM #	CLAIMANT'S TELEPHONE NO.	CLAIMANT'S E-Mail
CLAIMANT'S ADDRESS	CITY, STATE, ZIP	

CLAIM AMOUNT \$ VALUE DECLARED \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):	
SHIPPER	CONSIGNEE	
ORIGIN	DESTINATION	
TRACKING # <u>or</u> ATTACH A COPY OF THE TRACKING	PICKUP DATE	

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE

- Damaged goods can be repaired for damaged approximately \$ _____.
- Damaged goods can be repaired for approximately \$ _____.
- Damaged goods are available for carrier pickup.
- Damaged goods are unavailable (please explain):

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

- Vendor's invoice showing price of lost or goods, including final page.
- Consignee's copy of the freight bill bearing loss or damage notations.
- Itemized repair bill, if applicable.
- Inspection Report, if available.

CLAIMANT'S SIGNATURE & DATE