



RETURN TO:
Cargo Logistics Group, Inc.
7380 Coca Cola Dr., Ste. 117
Hanover, MD 21076
Fax: 410-712-4456

CARGO CLAIM FORM

Date _____
Contact Name: _____ Title: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ E-mail: _____

SHIPMENT DETAILS:

Commodity: _____ CLGI HAWB#: _____
Total Pieces: _____ Total Weight: _____ Total Shipment Value: _____
Shipment Origin: _____ Shipment Destination: _____

Was cargo insurance purchased prior to departure? No Yes If Yes, what amount? _____

DAMAGE /LOSS REPORT

Claim Amount/Loss Value: _____ Damage Loss
Weight of damaged/lost cargo: _____ Entire Shipment Portion of Shipment
Number of pieces lost/damaged: _____
Was the Damage Concealed? No Yes If Yes, when was it discovered? _____

Overview summary of the details surrounding the claim issue:

LOSS AMOUNT/REPAIR STATUS

Can the goods be repaired? No Yes Please forward us repair estimates as soon as possible.

DOCUMENTS REQUIRED FOR CLAIM PROCESSING

Please also ensure that the following are sent to the attention of the cargo claims department.

- Cargo Logistics Group House Air Waybill or Ocean House Bill of Lading
- Commercial Invoice(s) for the entire shipment
- Packing List(s) for the entire shipment
- Signed door delivery receipt
- Photos of damaged cargo (if available)
- Repair estimates or salvage report (if available)
- Any other documents and correspondence that will support the claim.

SIGNATURE

NAME/TITLE

DATE

All business undertaken subject to the terms and conditions of Cargo Logistics Group, Inc.