



CARGO CLAIM FORM

COMPANY INFORMATION

Contact Name: Title: Email:
Company Name: Address:
City: State: Zip: Phone:

SHIPMENT DETAILS

Commodity:
Total Pieces: Total Weight: Total Shipment Value: CLG HAWB#
Shipment Origin: Shipment Destination:
Was cargo insurance purchased prior to departure? No Yes If Yes, what amount?

If Yes, when was it discovered?

DAMAGE /LOSS REPORT

Claim Amount/Loss Value: Damage Portion of Shipment
Weight of damaged/lost cargo: Loss Entire Shipment
Number of pieces lost or damaged: Was the Damage Concealed? No Yes

Overview summary of the details surrounding the claim issue:

LOSS AMOUNT/REPAIR STATUS

Can the goods be repaired? No Yes

DOCUMENTS REQUIRED FOR CLAIM PROCESSING

Please also ensure that the following are uploaded upon submittal of this form.

- 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
- Any other documents and correspondence that will support the claim.

PRINTED NAME:

SIGNATURE

DATE:

All business undertaken subject to the Terms and Conditions of Cargo Logistics Group, Inc.

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