



RETURN TO:  
 Cargo Logistics Group, Inc.  
 8825 Stanford Blvd, Suite 306  
 Columbia, MD 21045  
 Email: [service@cargologisticsgroup.com](mailto:service@cargologisticsgroup.com)

**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.