



CARGO CLAIM FORM

H2O LOGISTICS
16920 S MAIN ST
GARDENA CA 90248
T: 310/324-8955
F: 310/324-8966

TO: _____ DATE: _____

BOOKING NO. _____

CONTAINER NO. _____

VESSEL NAME _____

VOYAGE NO. _____

SAIL DATE _____

SHIPPER: _____

CONSIGNEE: _____

CLAIM IS HEREBY MADE FOR THE SUM OF US\$ _____ FOR

DAMAGE (INCLUDING SHORTAGE OF THE CONTENTS)

LOSS (OF THE ENTIRE PACAKGE)

OTHER

OF OR TO THE ARTICLES SHIPPED UNDER THE ABOVE SAILING INFORMATION.

FINANCIAL LOSS IS DESCRIBED AND ITEMIZED BELOW:

ITEM	AMOUNT (US\$)
TOTAL	

THE UNDERSIGNED CERTIFIES THAT THE FOREGOING FACTS ARE TRUE AND CORRECT.

CLAIMANT:

Name and Signature Title

Company Name

Address

Please attach original or certffied copy of the following document (s) as indicated:

- Bill of lading of shipment
- Itemized invoice covering entire shipment
- First written notice of claim to H2O
- Packing list covering entire shipment

- Invoice or estimate covering repair of goods
- Survey certificate of report, if prepared
- Pictures of damages
- Other