

LOSS / DAMAGE CLAIM

WRITTEN NOTICE OF CLAIMS MUST BE MADE WITHIN 60 DAYS OF DELIVERY OF CARGO

<p>CLAIM REQUIREMENTS:</p> <ol style="list-style-type: none"> 1. Completed Claim Form 2. Bill of Lading/Delivery Receipt 3. Copy of Shipper's Invoice or Repair Receipt 4. Copy of Freight Invoice 5. Auto Claim: Two (2) Estimates and Vehicle Exception Survey. 6. Retain Damaged Cargo for inspection. 	<p>CLAIM MUST BE FILED AGAINST CARRIER AND SUBMITTED TO ANY ONE OF THE FOLLOWSING:</p> <p>HONOLULU PO Box 3288 Honolulu HI 96801 Tel: (808) 543-9311 HILO 99 Kuhio St. Hilo HI 96720-4726 Tel: (808) 935-8903 KAWAIHAE PO Box 655 Kamuela HI 96743 Tel: (808) 882-7244 MAUI 80 Wharf St. Kahului HI 96732 Tel: (808) 877-6511 MOLOKAI PO Box 267 Kaunakakai HI 96748 Tel: (808) 553-5431 LANAI PO Box 644 Lanai City HI 96763 Tel: (808) 565-6626 KAUAI 3020 Waapa Rd. (Pier 3) Lihue HI 96766 Tel: (808) 245-4051 E-Mail to ybclaims@aon.com</p>	<p style="text-align: center; font-weight: bold; font-size: small;">FOR CARRIER'S USE ONLY</p> <hr/> <p style="text-align: center;">Claim Number</p>
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Claimant:	() SHIPPER () CONSIGNEE	Date of Claim:	Nature of Claim:
Mailing Address:		Port of Loading:	Port of Discharge:
		B/L Number:	B/L Date:
Telephone:		Shipper:	

SHOW INVOICE PRICE AND DISCOUNTS. ADDITIONAL CHARGES MUST BE ITEMIZED.

PACKAGES No.	Kind	COMMODITY	AMOUNT
TOTAL CLAIM:			

We here by certify that this claim is correct and just and that the amount charged is the actual cost. By: _____ **CLAIMANT'S SIGNATURE**

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

IF CAUSE CAN BE DETERMINED, WHAT HAPPENED?

REMARKS:

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