

# LOSS / DAMAGE CLAIM

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

<p><b>CLAIM REQUIREMENTS:</b></p> <ol style="list-style-type: none"> <li>1. Completed Claim Form</li> <li>2. Bill of Lading/Delivery Receipt</li> <li>3. Copy of Shipper's Invoice or Repair Receipt</li> <li>4. Copy of Freight Invoice</li> <li>5. Auto Claim: Two (2) Estimates and Vehicle Exception Survey.</li> <li>6. Retain Damaged Cargo for inspection.</li> </ol>	<p><b>CLAIM MUST BE FILED AGAINST CARRIER AND SUBMITTED TO ANY ONE OF THE FOLLOWSING:</b></p> <p><b>HONOLULU</b> 1331 N. Nimitz Hwy Honolulu HI 96817 Tel: (808) 543-9311  <b>HILO</b> 99 Kuhio St. Hilo HI 96720-4726 Tel: (808) 935-8903  <b>KAWAIHAE</b> PO Box 655 Kamuela HI 96743 Tel: (808) 882-7244  <b>MAUI</b> 80 Wharf St. Kahului HI 96732 Tel: (808) 877-6511  <b>MOLOKAI</b> PO Box 267 Kaunakakai HI 96748 Tel: (808) 553-5431  <b>LANAI</b> PO Box 644 Lanai City HI 96763 Tel: (808) 565-6626  <b>KAUAI</b> 3020 Waapa Rd. (Pier 3) Lihue HI 96766 Tel: (808) 245-4051  <b>E-Mail to <a href="mailto:ybclaims@aon.com">ybclaims@aon.com</a></b></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
<b>TOTAL CLAIM:</b>			

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?**

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**REMARKS:**

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