

LOSS / DAMAGE CLAIM

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

CLAIM REQUIREMENTS:

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.

CLAIM MUST BE FILED AGAINST CARRIER AND SUBMITTED TO ANY ONE OF THE FOLLOWSING:

HONOLULU 1331 N. Nimitz Hwy Honolulu HI 96817 Tel: (808) 543-9311
HILO 72 Kumau 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 630644 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

FOR CARRIER'S USE ONLY

Claim Number

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		COMMODITY	AMOUNT	
No.	Kind			
			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: