



HOW TO FILL OUT A LOSS/DAMAGE CLAIMS FORM
AND FILE A CLAIM WITH YOUNG BROTHERS, LLC

- A CLAIMANT** - Either the Shipper or Consignee can file a claim for damaged cargo. Enter the name or company name, check “shipper” or “consignee” and fill in the mailing address and telephone number.
- B DATE OF CLAIM** - Enter the date of claim, most commonly the date the form is filled out. Please note that claim form or a “Letter of Intent” must be filed within 60 days of the delivery of cargo.
- C NATURE OF CLAIM** - Briefly describe the damage type, i.e., broken, wet, etc.
- D PORT OF LOADING** - The port where your cargo was loaded or the origin port.
- E PORT OF DISCHARGE** - The port where your cargo was discharged or destined for.
- F B/L NUMBER** - The number pre-printed that can be found in the either the top right corner or bottom left corner on your YB Bill of Lading OR the booking number for cargo that required reservations. Please attach a copy of your YB Bill of Lading and/or your YB’s Delivery Receipt noting any damage and/or or shortage that may have occurred during shipping.
- G B/L DATE** - The date your cargo was checked in.
- H SHIPPER** - Enter the name of the Shipper, if the “Claimant” is the “Consignee”
- I NO. PACKAGES** - Enter the quantity of packages shipped
- J KIND** - Enter the package description, i.e., ctn for carton, bx for boxes, etc.
- K COMMODITY** - Enter a description of the cargo. For vehicle damage, YB requires two (2) estimates for damage being claimed. Please attach any repair estimate, or shipper’s invoice to substantiate the amount of your loss.
- L AMOUNT** - Enter the cost of each commodity being claimed
- M TOTAL CLAIM** - Enter the total amount claimed.
- N CLAIMANT’S SIGNATURE** - Don’t forget to sign your claim form. Claim forms that are not signed will not be processed and will be returned to claimant.

- Claims must be submitted within 60 days of delivery and will be forwarded to AON, YB’s third-party marine cargo-adjusting company for investigation and settlement with final determination in 3-6 weeks.
- Be sure to retain your damaged cargo for inspection.
- Submit claims to your local port office or e-mail them to ybclaims@aon.com for quicker processing.
- For more information or a copy of a Loss/Damage Claim form, please visit our website at youngbrothershawaii.com/marine-cargo-insurance

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 FOLLOWING: HONOLULU 1331 N. Nimitz Hwy Honolulu HI 96817 Tel: (808) 543-9311 HILO 99 Kuhio St. Hilo HI 96720-4728 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) 565-6826 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
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Claimant: A	Date of Claim: B	Nature of Claim: C
Mailing Address:	Port of Loading: D	Port of Discharge: E
	B/L Number: F	B/L Date: G
Telephone:	Shipper: H	

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

PACKAGES No.	Kind	COMMODITY	AMOUNT
I	J	K	L
TOTAL CLAIM:			M
We here by certify that this claim is correct and just and that the amount charged is the actual cost.			By: N CLAIMANT’S SIGNATURE

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

IF CAUSE CAN BE DETERMINED, WHAT HAPPENED?

REMARKS: