

Loss and Damage Claim

TO: MN Container Lines Inc 17100 Norwalk Blvd Suite 103 Cerritos, CA 90703	CLAIMANT
	ADDRESS
	CITY, STATE, ZIP

CLAIMANT'S NAME	DATE
REFERENCE OR CLAIM NO	CLAIMANT'S TELEPHONE NO
CLAIMANT'S ADDRESS	CLAIMANT'S EMAIL ADDRESS
	CITY, STATE, ZIP

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):
SHIPPER	CONSIGNEE
ORIGIN	DESTINATION
BILL OF LADING NUMBER	PICKUP DATE

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

<p>IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE</p> <p><input type="checkbox"/> Damaged goods can be repaired for approximately \$ _____</p> <p><input type="checkbox"/> Damaged goods can be repaired for approximately \$ _____</p> <p><input type="checkbox"/> Damaged goods are available for carrier pickup</p> <p><input type="checkbox"/> Damaged goods are unavailable (please explain)</p>	<p>PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:</p> <p><input type="checkbox"/> Vendor's invoice showing price of lost or damaged goods, including final page</p> <p><input type="checkbox"/> Consignee's copy of the freight bill bearing loss or damage notations</p> <p><input type="checkbox"/> Itemized repair bill, if applicable</p> <p><input type="checkbox"/> Inspection Report, if available</p>
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<p><u>CLAIMANT'S SIGNATURE & DATE</u></p>
