



# Loss and Damage Claim Form

## CLAIMANT INFORMATION

Claimant's Name: \_\_\_\_\_ Air Waybill Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Air Waybill Date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## SHIPMENT INFORMATION

Shipper's Name: \_\_\_\_\_ Consignee's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Pcs: \_\_\_\_\_ Weight: \_\_\_\_\_ Reason for Claim: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Description of Commodity: \_\_\_\_\_

Describe Outer Packaging: \_\_\_\_\_ Describe Inner Packaging: \_\_\_\_\_

Describe Markings and Labels on Outer Packaging: \_\_\_\_\_

Condition of Shipment Received: \_\_\_\_\_

Date Received: \_\_\_\_\_ Did Consignee Pick Up?  Yes  No Delivered:  Yes  No

Were damaged/spoiled items and packaging inspected by an Everts Agent?  Yes  No

Was any damage noticed at the time of delivery and before unpacking?  Yes  No

Did Consignee note an "exception" on the delivery copy of the air waybill?  Yes  No

Date of Initial Notification: \_\_\_\_\_ Name of Person Filing Notice: \_\_\_\_\_ Location: \_\_\_\_\_

## DETAILED STATEMENT SHOWING REASON FOR THIS CLAIM

(Please list number and description of items, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

## CLAIMANT SIGNATURE

**Note:** In support of this claim, please include: Copy of Everts Air air waybill, detailed photos of damage (include packaging), original or certified copy of invoice, and repair bill (for damaged shipment)

I hereby certify that the foregoing is correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Print Name Signature Date