



CLAIM FORM

Company _____ Date _____

Claimant _____ Email _____

Phone no. _____ BOL #: _____

Shipper _____ Consignee _____

Description: _____	Used__	New__
ITEM # 1 _____	Amount	\$ _____
ITEM # 2 _____	Amount	\$ _____
SHIPPING COST _____	Amount	\$ _____
TOTAL AMOUNT		_____

SHORTAGE **VISIBLE DAMAGE** **CONCEALED DAMAGE**

- The following documents MUST submitted to support of this claim:**
- Manufacturer's Invoice** (specify BOL#)
 - Purchase Invoice** (price sold to the customer)
 - Repair Invoice or Parts Invoice** (IF REPAIRABLE)
 - Photos** (send to hazel.bondoc@gmail.com)

PLEASE PROVIDE ADDRESS FOR FREIGHT INSPECTION

ADDRESS _____ ATTN: _____

_____ PHONE NOS. _____
