

**AMBER FREIGHT SHIPPING LINES
CUSTOMER CLAIM STATEMENT**

Claimants Name: _____

Address: _____

Claimants Reference # (invoice #, po #, claim # etc) _____

Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Shipment Information:

Supplier's name: _____

Consignee's name: _____

Commodity: _____

Pieces: _____ Weight: _____ ETA: _____

Description of Claim:

Date of Loss: _____ Was shipment Insured through Amber Freight? Yes or No

Was this freight short or damaged? _____

Itemized/Detailed Statement showing how amount of claim is determined (number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

Amount of claim: _____

In addition to the information given above, the following documents are submitted in support of this claim

1. Commercial Invoice
2. Original pictures (if applicable)
3. Final Delivery Receipt, noting exceptions
4. Survey Report (if applicable)
5. Repair Estimates (if applicable)
6. Other particulars obtainable in proof of loss or damage claimed

To: **Amber Freight Shipping Lines**
5777 W. Century Blvd., Suite 1040
Los Angeles, CA 90045
Tel: (310) 645-5055
Fax: (310) 645-5033

Email: info@amberfreight.com

Signature of Claimant: _____

Today's Date: _____