

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

To: Aloha Freight Forwarders, Inc
 Claims Department
 1800 S Anderson Avenue
 Compton, CA 90220

Date: _____
 Your Reference: _____
 Aloha Pro Number: _____
 Claim is for: Damage Loss

Your Company name: _____ Address: _____ City, state, zip: _____ Your name: _____ Phone: _____ Fax or email: _____	Shipper Name: _____ Origin: _____ Consignee Name: _____ Destination: _____ Date of shipment: _____
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DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED <small>Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN</small>	
Total amount claimed:	

The following documents are submitted in support of this claim:

- Copy of repair invoice or repair estimate
- Document bearing notation of loss or damage (Delivery Receipt)
- Carrier's completed inspection report form
- Complete invoice showing original cost of goods
- Estimate of potential as-is salvage or resale value
- Other:

Additional comments:

I hereby certify that the foregoing statement and attachments are correct: _____

Please mail this form and all supporting documents to the address shown above. Claims may also be faxed to (310) 639-6973. It is Aloha Freight Forwarder's goal to conclude all claims within 30 days of receipt. Occasionally claims may take longer than 30 days to resolve due to the involvement of other carriers. Please feel free to call our claims manager at (310) 631-6116 or email claims@alohafreight.com for disposition. Please retain damaged goods and packaging for carrier salvage or until released by the carrier or your claim will be declined or compromised.