## STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

<b>To:</b> Aloha Freight Forwarders Claims Department			
1800 S Anderson Avenue	Aloha Pro Number:_		
Compton, CA 90220	Claim is for:	Damage	Loss
Your Company name:	Shipper Name:		
Address:	Origin:		
City, state, zip:	Consignee Name: _		
Your name:Phone:			
Fax or email:			
ALL DISCOUNTS AI	ND ALLOWANCES MUST BE SHO	WN	
		Total amount claimed:	
The following documents are submitted in supp  Copy of repair invoice or repair estimate Document bearing notation of loss or document's completed inspection report for Complete invoice showing original cost Estimate of potential as-is salvage or resolutional comments:  Additional comments:	e amage (Delivery Receipt) orm of goods	Total amount claimed.	
I hereby certify that the foregoing statement and atta	achments are correct:		<u>.</u>

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.