



CARGO CLAIM FORM

This claim for USD \$ _____ is made against: _____ by: _____
(Amount of claim) (Name of Carrier) (Name of Claimant)
 for Loss/Damage in connection with the following described shipment:
(Circle one)
 Description of Shipment: _____
 Date and place damage/loss was discovered: _____
 Name and Address of shipper(s): _____
 Vessel: _____ Voyage Number: _____ Voyage Date: _____
 Bill of Lading Number: _____ Shipment/Document Number _____

Discharge Date: _____ Delivery Date: _____ Date Agents Notified _____

Detailed statement showing how amount claimed is determined:

<i>Total Amount of Claim USD\$</i>	

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO SUPPORT THIS CLAIM:

- 1. () Original Bill of Lading
- 2. () Original Invoices
- 3. () Delivery Receipt
- 4. () Any other relevant information pertaining to shortages or damages

Comments

**NOTE: Damaged goods must be retained for presentation at time of settlement.
 The foregoing statement of facts is hereby certified to be correct. Form must be sent with all the documentation to finance@oceanusline.us.**

CLAIMANT:

(Name, please print) _____
(Phone Number)

(Address) _____
(E-mail address)

Mr./ Mrs. /Ms. _____
(Signature of claimant) _____
(Date)