

Cargo Claim Filing

Freight Bill Number

Your Claim Number

CLAIMANT

Name, Company, and Address

Phone	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

STATEMENT OF CLAIM

Type: Shortage Visible Damage Concealed Damage Other:

Amount of Claim \$:

Explain in detail how you determined the claim amount. List the number and description of the goods, the nature and extent of loss or damage, the invoice cost, and other pertinent details.

SUPPORTING DOCUMENTS

Indicate the documents you will send with the claim. The Original Vendor Invoice is required. The others

- | | | |
|------------------------------------|-----------------------------------|--------|
| Original Vendor Invoice | Copy of Bill of Lading | Photos |
| Original Repair Invoice | Copy of Paid Freight Bill | Other |
| Record of Discounted Sale | Inspection Report | Other |
| Consignee Copy of Delivery Receipt | Description of Shortage or Damage | |

<input type="button" value="Submit Claim"/>	<input type="button" value="Clear Form"/>
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Please forward the supporting documentation to our corporate office by email to pciadmin@planecargo.com or by mail or courier to:

Plane Cargo Inc.

3025 Hardrock Road, Grand Prairie, Texas 76051