



Cargo Claim Form

To be completed by the Claimant

Please Fax or Mail This Report with Supporting Documents to below listed party:

Jeannie Sargent, Global Claims Manager
1930 Sixth Ave South, Suite 401, Seattle, WA 98134 ph: 206-624-4354 fax: 206-624-2116



Date of Report: _____ Your Ref# _____ Global Transportation Ref# _____

Company Name: _____ Contact: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Fax: _____

Container Number _____ Full Container LCL Cargo

Insured/Declared Value: _____

Date of Lading: _____ Origin: _____ Destination: _____

Date of Delivery: _____

Date of Discovery: _____

Have you insured this shipment with your own insurance policy outside of Global Transportation's policy? Yes No

Weight of the Damaged/Missing Goods: _____

Location of Goods:
(Please note – it is very important to not dispose of goods until further instructions from Global Transportation!)

Describe Damages
(Please be specific as to carton numbers affected. If necessary, you may circle damages on commercial invoice. Packing List and attach to claim form)

Amount of Claim: \$ _____



The Following Claim Documents Have Been Submitted:

- Global Transportation Bill of Lading Delivering Carrier's B/L or AWB Survey Report
- Packing List Delivery Receipt Photographs
- Commercial Invoice Repair Bills/Estimates Police Report



Claimant's Signature: _____ Date: _____

Print Name: _____ Title: _____