



# CLAIM FORM

## CARGO LOSS & DAMAGE

### CLAIMANT INFORMATION

Company: _____ Address: _____ _____ Reference No: _____	Contact Name: _____ Telephone: _____ Fax: _____ Email: _____
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### SHIPMENT INFORMATION

SFC Bill No: _____ Date of Shipment: _____ _____ Shipper: _____ Consignee: _____	Commodity: _____ Quantity: _____ _____ City, State & Zip: _____ City, State & Zip: _____
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### CLAIM INFORMATION

<input type="checkbox"/> Damaged Qty: _____ <input type="checkbox"/> Shortage Qty: _____ <input type="checkbox"/> Other: _____ Qty: _____	<input type="checkbox"/> Damaged items are able to be repaired for: _____ <input type="checkbox"/> Damaged items are able to be sold at a discount for: _____ <input type="checkbox"/> Damaged items are available for carrier pickup <input type="checkbox"/> Damaged items are unavailable (Explain below)
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**NOTE: DAMAGED ITEMS MUST BE RETAINED UNTIL THE CLAIM HAS BEEN BROUGHT TO A PROPER RESOLVE**

### DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(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**

_____ _____ _____ _____ _____	TOTAL CLAIM AMOUNT: _____
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### SUPPORTING DOCUMENTS

<input type="checkbox"/> Original Bill of Lading <input type="checkbox"/> Delivery Receipt <input type="checkbox"/> Cost Invoice or Certified Copy <input type="checkbox"/> Shipment Packing Slip	<input type="checkbox"/> Repair Invoice <i>(If applicable)</i> <input type="checkbox"/> Inspection Report <i>(If applicable)</i> <input type="checkbox"/> Price Quote Obtained <input type="checkbox"/> Images / Other Documents to Support Claim
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Mail, fax, or email Completed Forms to:  
 SFC Claims Dept. P.O. BOX 667780 Miami, FL 33166  
 FAX: 305-716-6870  
 EMAIL: [claims@sfctl.com](mailto:claims@sfctl.com)

### CLAIM PREPARED BY

(The Foregoing Statement of Facts is Hereby Certified Correct)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_