



PIM GLOBAL LOGISTICS

Cargo Claims Department
 2205 E. Carson St., Suite B-3
 Carson, CA, USA 90810
 Phone: 310-645-6490
 Fax: 310-645-5920

CARGO CLAIM FORM

CARGO LOSS & DAMAGE CLAIM SUBMITTED BY:

Claimant Name	Claimant Claim No.	Date Prepared
Address	PIM Airbill or B/L Number	Claim Type: <input type="checkbox"/> Shortage/Loss <input type="checkbox"/> Damage
City, State, Zip	Contact Name	Phone Number
Remittance Address (if different from above)		

CLAIM IS MADE WITH PIM GLOBAL LOGISTICS ON THE FOLLOWING DESCRIBED SHIPMENT:

Consignee	City, State, Zip
Shipper	City, State, Zip

DETAILS OF CLAIM TO SHOW HOW CLAIM AMOUNT IS DETERMINED

# Items	Description/Part #	Description of Loss or Damage	Weight (lbs.)	Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		Freight Charges	Freight Charges	\$
		TOTAL	TOTAL	\$

Please attach separate pages if necessary

DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM:
(please provide as many as possible)

- This Itemized Claim Statement
- Copy of freight bill of lading or airbill
- Delivery Receipt
- Carrier's inspection report (if completed)
- Original Commercial Invoice, or certified copy listing prices
- Packing List
- Repair Bill or certified copy (if repaired) showing material used & labor rate per hour
- Additional documents (photos, statements, etc.)
- Waiver of Inspection form (if completed)

Please Note:

To expedite the handling of your claim, please include the above mentioned documents as your claim cannot be processed until properly supported. Retain all damaged goods until the claim is concluded. Claims will not be accepted via e-mail.

The foregoing statement of facts is hereby certified to as correct and valid.

Signature of Claimant or Claimant's Authorized Representative

Date

Please print name