



# Loss or Damage Claim Form

Date of Report: \_\_\_\_\_

Customer Reference No.: \_\_\_\_\_

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Shipper: \_\_\_\_\_

Insured Value: \_\_\_\_\_

AFP Bill of Lading (BOL) No.: \_\_\_\_\_

Date of BOL: \_\_\_\_\_

Date Loss/Damage Discovered: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Consignee: \_\_\_\_\_

Invoice Amount: \_\_\_\_\_

**Goods Lost or Damaged** – Include number and description of articles, nature extent of shortage/damage and amount of claim.

No.	Weight	Description	Detailed Reason for Claim	Amount of Claim
Location of Goods (if physical inspection is needed):				

If available, attach copies of the following supporting documents:

1. AFP BOL
2. Pictures of damage
3. Purchase receipt for goods listed above
4. Invoice for repair of goods listed above
5. Statement of salvage value if applicable

Total Amount of Claim

\$

The foregoing statement of facts is hereby certified to as correct:

Signature of Claimant or Claimant's Representative \_\_\_\_\_

Date \_\_\_\_\_

Job Title of Claimant's Representative \_\_\_\_\_

Please email the completed claim for to [claims@afplus.com](mailto:claims@afplus.com) or mail to AFP Global Logistics, 1352 Charwood Road, Suite E, Hanover, MD 21076.

Thank you for submitting this report promptly.

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