



Loss or Damage Claim Form

Date of Report: _____

AFP Bill of Lading (BOL) No.: _____

Customer Reference No.: _____

Date of BOL: _____

Delivery Date: _____

Date Loss/Damage Discovered: _____

Company: _____

Claimant Name: _____

Mailing Address: _____

Phone Number: _____

City, State Zip: _____

Email Address: _____

Shipper: _____

Consignee: _____

Insured Value: _____

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 or mail to AFP Global Logistics, 611 N. Hammonds Ferry Road, Suite L-N, Linticum, MD 21090

Thank you for submitting this report promptly.

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