



Tel: 888.876.1188
 Fax: 310.337.9689
 P.O. Box 90448
 Los Angeles, CA 90009

LOSS AND DAMAGE CLAIM FORM

DATE:

CLAIMANT REF#

DBI CONTROL #

THIS CLAIM IN THE AMOUNT OF IS BEING MADE AGAINST DBI BY FOR LOSS/DEMGAGE IN CONNECTION WITH THE FOLLOWING SHIPMENT.

SHIPPER:

CONSIGNEE:

ADDRESS:

ADDRESS:

CITY/STATE/ZIP:

CITY/STATE/ZIP:

CONTACT:

CONTACT:

TELEPHONE:

TELEPHONE:

FAX:

FAX:

EMAIL:

EMAIL:

DETAILED STATEMENT SHOWING HOW CLAIMED AMOUNT IS DETERMINED. (NUMBER & DESCRIPTION OF ARTICLES & EXTEND OF LOSS OR DAMAGE, INVOICES PRICES, CLAIM AMOUNT, ETC...)

DESCRIPTION	DOLLAR AMOUNT
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
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<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
TOTAL AMOUNT OF CLAIM	\$0.00

IN ADDITION TO THE INFORMATION GIVEN ABOVE, PLEASE SUBMIT THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM. PLEASE INDICATE DOCUMENTS ENCLOSED WITH A CHECK MARK

- 1. ORIGINAL BILL OF LADING.
- 2. ORIGINAL INVOICES FOR COST OF GOOD SHIPPED.
- 3. REPAIR OR REPLACEMENT ESTIMATE/INVOICES.
- 4. ORIGINAL PAID FREIGHT BILL.
- 5. OTHER DOCUMENTS OBTAINABLE IN PROOF OF LOSS OR DAMAGE CLAIMS.

REMARKS:

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED TO BE CORRECT AND TRUE:

CLAIM PAYABLE TO:
 ADDRESS:
 CITY/STATE/ZIP:
 CONTACT :
 TELEPHONE :
 FAX :
 EMAIL :

SIGNATURE OF CLAIMANT DATE: