



13285 E. Temple Ave., City of Industry, CA 91746
(626) 723-7403 • FAX (626) 723-7413

FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Claimant: _____

Date Claim Filed: _____

Claimants No.: _____

Amount of Claim: _____

Address (Street): _____

City, State, Zip: _____

This claim for \$ _____ is made against Secure Logistic Solutions by _____
for (loss) (damage).

Name of Shipper: _____

From: _____

Name of Consignee: _____

To: _____

Bill of Lading issued by: _____

Date of B/L: _____

Freight Brokers Freight Bill No.: _____

Dated: _____

STATEMENT OF LOSS OR DAMAGE, number and description of articles, nature and extent of loss or damage, invoice price of article, amount of claim etc. and disposition of salvage, if any.

THE MERCHANDISE CHECKING SHORT FOR WHICH THIS CLAIM HAS BEEN FILED HAS NEVER BEEN RECEIVED FROM ANY SOURCE.

THIS CLAIM IS FILED BY THE OWNER. OF THE MERCHANDISE WHO HAS LEGAL RIGHT TO COLLECT FOR THE LOSS OR DAMAGE THAT HAS OCCURRED TO THE SHIPMENT. IN QUESTION.

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- 1. Original Bill of Lading
- 2. Original Paid Freight Bill
- 3. Original invoice or photostatic or certified copy thereof.
- 4. Other particulars obtainable in proof of loss or damage as claimed.

The foregoing statement of facts is hereby certified to be correct.

Signature of Claimant