



FMC License No. 022459NF

4634 East Marginal Way South, Suite C-120, Seattle, WA 98134 • T 206-315-3758 • F 206-324-8835 • www.ibius.com

CARGO CLAIM FORM

Date: _____

Claimant's Reference # _____

Claimant (Company Name) _____ Address: _____ Address: _____ City, State, Zip _____ Contact Name: _____ Fax Number: _____ Email: _____

ACI File # _____ House bill # _____ Master Bill # _____ Container # _____
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Amount of Claim \$ _____ Was damaged notated on delivery receipt Yes _____ No _____ Packaging: <u>Circle One</u> Cardboard Wooden crate Other Was freight properly packed? Yes _____ No _____

Description of Claim:
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<u>Documents Required in Support of the Claim:</u> <ul style="list-style-type: none">• Original vendor's invoice (From overseas supplier)• Original vendor's packing list (From overseas supplier)• ACI House bill copy• Signed delivery receipt with Exceptions• Full description of how claim was determined• Inspection Report, if available• Salvage Report or Estimate
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