

Oversized Machinery Cargo Damage Claim Form

Claimant Information

Company Name

Contact Person

Phone Number

Email Address

Address

Cargo & Shipment Details

Machinery Description

Serial/ID Number

Origin

Destination

Shipment Date

Arrival Date

Carrier/Transport Company

Bill of Lading / Reference Number

Damage Details

Date of Damage

Location of Damage

Description of Damage

Suspected Cause

Estimated Loss/Value (Currency/Amount)

Evidence/Photos (List file names or describe attachments)

Additional Information

Immediate Actions Taken

Other Relevant Information

Declaration

I hereby declare that the above information is true and correct.

Name of Authorized Signatory

Date