Perishable Goods Cargo Damage Claim

| Shipper Name |
|----------------------------|
| |
| Consignee Name |
| |
| |
| Contact Information |
| |
| Date of Claim |
| |
| Shipment Details |
| STIPPHERIC Details |
| |
| |
| Description of Damage |
| |
| |
| |
| Suspected Cause (if known) |
| |
| |
| Type of Goods |
| |
| |
| Quantity Affected |
| |
| Invoice Number |
| |
| AWP / POL Number |
| AWB / BOL Number |
| |
| Compensation Requested |
| |
| Additional Remarks |
| |
| |
| |
| Signature |
| |
| |