

# Partial Loss Freight Claim Form

## Shipper Information

Shipper Name

Contact Details

Address

## Consignee Information

Consignee Name

Contact Details

Address

## Shipment Information

Bill of Lading / AWB No.

Shipment Date

Carrier Name

Vehicle / Container No.

## Claim Details

Description of Goods

Invoice Number

Original Quantity Shipped

Shortage / Loss Quantity

Nature of Loss

Estimated Claim Amount

Description of Incident

Supporting Documents

List Documents Attached

Declaration

Declaration

Claimant Name

Signature

Date