

Ocean Freight Delay Claim Form

Shipper Name

Consignee Name

Booking Number

Bill of Lading Number

Vessel Name

Voyage Number

Port of Loading

Port of Discharge

Expected Arrival Date

Actual Arrival Date

Total Delay (Days)

Container Numbers

Reason for Delay (if known)

Details of Claim

Supporting Documents (list)

Contact Person

Contact Email

Contact Phone