

Lost Cargo Claim Form

Shipper Information

Company/Name

Address

Contact Number

Email

Consignee Information

Company/Name

Address

Contact Number

Email

Shipment Details

B/L or AWB Number

Shipment Date

Origin

Destination

Cargo Description

No. of Packages

Total Weight

Claim Details

Date of Loss/Incident

Location of Loss/Incident

Claim Amount

Details of Loss/Incident

List of Attached Supporting Documents

Declaration

I/We declare that the particulars stated above are true and correct to the best of my/our knowledge.

Claimant Name

Signature

Date