50 Elliott Street
Honolulu, HI 96819
Attn: Claims Department

Claim Form

STATEMENT OF CLAIM		
Amount of claim (USD):	For Damage: ❒	For Loss: ❒
Commodity Description:		
Date and place damage or loss was first discovered:		
Description of Damage/Loss:		
Bill of Lading #:	Date of Shipment:	

CLAIM VALUE	
ITEM DESCRIPTION	VALUE
Total Amount of Claim in USD	0

NOTE: Damaged goods must be retained for presentation at time of settlement.

Attach itemized statement showing how amount claimed is determined.
(Number and description of articles, nature and extent of damage or loss, invoice price of articles, etc.)

CLAIMANT INFORMATION	
Company (If Applicable):	
Contact:	Phone:
Email:	Fax:
Mailing Address:	
City:	State/Zip:

Signature:_____Date:_____

Title:_____