



## CLAIM FORM

50 Elliott Street, Honolulu, HI 96819

1-888-94-ALOHA

sales@alohaaircargo.com

### CLAIM INFORMATION

Amount of claim (USD):	For Damage: <input type="checkbox"/>	For Loss: <input type="checkbox"/>
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	\$0.00
<p>NOTE: Damaged goods must be retained for presentation at time of settlement.</p> <p>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.)</p>	

### CONTACT INFORMATION

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_