

# Honolulu Freight Service

## Loss or Damage Claim Form

### CLAIM FILING REQUIREMENTS

1. Please complete this Claim Form in full
2. Please attach original inspection report, if applicable
3. Please attach certified copy of full invoice
4. Please attach copy of paid freight bill
5. Please attach signed delivery receipt
6. If damage has been repaired, please attach certified repair invoice
7. Please mail original form and attachments to Honolulu Freight Service, P.O. Box 169, Honolulu, HI 96810, Attn: Claim Dept.

For office use only

Date Claim Received

Claimant Name:

Address:

City, State, Zip:

Claimant's Claim Number:

Telephone Number:

Fax Number:

Forwarder Address:

HONOLULU FREIGHT SERVICE

P.O. BOX 169

Honolulu, HI 96810

Type of Claim:

(please check correct claim type)

Loss

Damage

Vessel & Voyage

Container Number

Freight Bill Number

Packages		Description of Commodity	Total Cost
No.	Kind		

Invoice value of entire shipment: \_\_\_\_\_ Total Claim Amount: \_\_\_\_\_

Certification: We hereby certify this claim is correct and the amount claimed is the actual invoice cost less all discounts and allowances.

Signature: \_\_\_\_\_ Date of Claim: \_\_\_\_\_

Please print name: \_\_\_\_\_

***If you have any questions, please phone us at (808) 531-0258***