Honolulu Freight Service

Claim Form

CLAIM FILING REQUIREMENTS
1. Please complete this Claim Form in Full
2. Please attach original inspection report, if applicable
3. Please attach copy of full vendor's invoice
4. Please attach copy of paid freight bill
5. Please attach signed delivery receipt
6. If freight has been damaged, please attach photos
7. If damage has been repaired, please attach repair invoice
8. Please mail (or email) original forms and photos to: Honolulu Freight Service, P.O. Box 169, Honolulu, HI 96810 Attn: Claims Dept./Jenavee Ramos (jramos@hfsnet.com)

FOR OFFICE USE ONLY
Claimant's Claim Number To be assigned by HFS Date Claim Received

Claimant Name:	
Address:	
City, State, Zip:	
Telephone No.:	
Fax No.:	
Email Address:	

Forwarder Address:

HONOLULU FREIGHT SERVICE

P.O. BOX 169

Honolulu, HI 96810

Type of Claim: ☐ Loss ☐ Damage

Vessel & Voyage	Container Number	Freight Bill Number

Package Qty	Package Kind	Description of Commodity	Total Cost

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.

Print: _____ **Signature:** _____ **Date:** _____

If you have any questions, please call the Claims Dept. at (808) 531-0258