

## Claim form

Complete the form and send it to your contact at Greencarrier Consoldiators

Shipping/Consignment number:		
B/L No.	AWB No.	Departure, date
Reception date or estimated	Claim date	
Description of the actual damage o	r loss	
Nature of claim Breakage Water	Fire Lost Delay	
Other (describe)		
Description of damage/loss: What is	s damaged? Where is the dama	age?
Description:		
From the cargo interest we have reco	eived the above claim regard	ing said shipment.
Since the damage/loss seems to have said claim. And we ask you to notify	_	ere in your custody we hereby hold you liable fo
We will be back with specified claim	n as soon as we have got it. V	We kindly ask you to confirm Your reception of
this claim.	C	, ,
(Alternative, if we already have got a specific	ed claim)	
Your Claim, state currency		
Supporting documents to your clain	m:	
Waybill/ B/B etc. Police report Jr		ort & documents Other documents, photographs etc. of relevance to support your claim.)
The signer assures that information and sup	pporting documentation provided i	n this claim is valid and truthful.
Company name, signers contact details		
Date, Signature		
Date, Signature		

Your immediate confirmation is most appreciated and we ask you please to advise when we can expect your settlement.

Please note and use our ref no.