



# CLAIM FORM

PO BOX 2803, Sparks, NV 89432 (775)  
355-8874 Fax (775) 355-0714

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

Freight Bill # \_\_\_\_\_

Claimant's Claim No: \_\_\_\_\_

Vessel & Voyage # \_\_\_\_\_

Damage  Pilferage

Shortage  Loss

Container # \_\_\_\_\_

**PLEASE READ INSTRUCTIONS BELOW**

PIECES <i>(How many, how is it packaged)</i>	COMMODITY	COST PER UNIT	AMOUNT

Claimant: \_\_\_\_\_ Total Claim Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Invoice Value of Entire Shipment: \$ \_\_\_\_\_

Attach: (1) Original Bill of Lading, (2) Original or copy of paid Freight Bill, (3) Original or certified copy of Shippers Invoice, (4) Original Inspection Report and any supporting documentation.  
If damage has been repaired, attach original certified copy of Repair Invoice.

Please mark your envelope to the "Attention of the Claims Department"  
If you have any questions, please call us direct in the Claims Department (775) 355-8874 or Jenna  
jgibbins@heslogis.com

*Thank you Very Much!!!*