

DATE:

LOSS AND DAMAGE CLAIM FORM

NAME OF CLAIMANT:]	CLAIMANT'S CLAIM NUMBER:			
CLAIMANT PHONE NO.:	CLAIMANT FAX NO.:		CLAIMANT EMAIL ADDRESS:				
ADDRESS OF CLAIMANT: (STREET, CITY, ST	ATE, ZIPCODE)						
PAID FREIGHT BILL (PRO) NUMBER:			CLAIM FOR: (CIRCLE ONE) LOSS / DAMAGE				
NAME OF SHIPPER:							
ADDRESS OF SHIPPER: (STREET, CITY, STAT	E, ZIPCODE)						
NAME OF CONSIGNEE:							
ADDRESS OF CONSIGNEE: (STREET, CITY, S	TATE, ZIPCODE)						
DESCRIPTION OF SHIPMENT:							
Number of pieces in shipment Number of pcs short or damaged	Total weight of shipment Weight of lost or damaged	Tax-Air authorized inspection made by:					
Notification of loss or damage given to:	an (data)	by (airlag ang)		lattar	fox	o moil	
at (place)	on (date)	_by (cirlce one)	phone	letter	fax	e-mail	
TOTAL AMOUNT CLAIMED:							
 Original or certified copy bi Original or certified copy pa Original or certified copy in Original or certified copy in Invoice for repair of goods of Picture, drawing or photos of Inspection Report 	ence of any document called for in Il of lading aid freight "expense" bill voice or detailed statement of nonrepair of items claimed lost or missing e in proof of loss or damage clain	n connection with this ability from qualified t	claim should			RT OF THIS	
In addition, please provide:	200000						

() Original packaging available for inspection

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED TO AS CORRECT.

(CLAIM PREPARED BY)

TAX AIRFREIGHT, INC.

(SIGNATURE OF CLAIMANT)

5975 SOUTH HOWELL AVENUE P.O. BOX 07911 MILWAUKEE, WISCONSIN 53207 (414) 769-6565 Fax (414) 769-2151