



Serving The Mainland And All Points In Hawaii, Guam, And Alaska  
 Certified Freight Forwarder ICC FF 266

3623 Munster Avenue • Hayward, CA 94545 • Tel 510.783.6100 • Fax 510.782.5794

## Claim Form

Date:	Claim #:	<input type="checkbox"/> Shortage	<input type="checkbox"/> Visible Damage	<input type="checkbox"/> Concealed Damage Loss
Freight Bill #:	Vessel & Voyage:	Container #:		

### Claimant Information

Company Name:		My Name:		
Address:	City:	State:	Zip:	
Phone:	Fax:	Email:		

### Statement Details

Quantity	Description of Goods	Invoice Cost	Claim Amt
TOTAL			

### Additional Comments

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## Instructions

Attach original bill of lading, original or copy of paid freight bill, original or copy of shipper's invoice, original Inspection Report.

If damage has been repaired, attach original or certified copy of repair invoice.

**Fax** all documents to 510.782.5794

-Or-

**Mail** to Hawaiian Express Service, Inc.

ATTN: Claims Dept.

3623 Munster Ave.

Hayward, CA 94545

If you have any questions, please call the Claims Department direct at 510.751.1112.

I hereby certify that the foregoing statement and attachments are correct:

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_