



Standard Form For Presentation of Loss and Damage Claim

To: International Transport Logistics, Inc
 9485 Regency Square Blvd., Suite 415
 Jacksonville, FL 32225

Date: _____

Claim Amount: _____	
<input type="checkbox"/> Shortage <input type="checkbox"/> Visible Damage <input type="checkbox"/> Concealed Damage <input type="checkbox"/> Theft <input type="checkbox"/> Other	
Shipper: _____	Consignee: _____
Date of Bill of Lading: _____	Date of Delivery: _____
Pro or Waybill Number: _____	Claimant Number: _____

Detailed Statement Showing How Amount Claim is Determined

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. ALL DISCOUNT and ALLOWANCES MUST BE SHOWN)

Total Amount Claimed:	

The following documents are submitted in support of this claim (if applicable):

- | | |
|--|--|
| <input type="checkbox"/> Original Bill of Lading | <input type="checkbox"/> Original Invoice or Certified Copy |
| <input type="checkbox"/> Original paid freight bill or other carrier document bearing notation of loss/ damage | <input type="checkbox"/> Shippers Concealed Loss/ Damage Form |
| <input type="checkbox"/> Carrier's Inspection Report Form | <input type="checkbox"/> Other particulars obtainable in proof of loss/ damage claimed |
| <input type="checkbox"/> Consignee Concealed Loss/ Damage Form | |

Claimant's Name: _____

Company Name: _____

Address: _____

City/ State/ Zip: _____

Telephone Number: _____

Signature: _____

Please fax your form and supporting documents to (904) 757-0969. Any questions should be addressed to Mitchell Swanson at (904) 757-0960, Ext. 157.