



Claim Notification Form

Commodity Forwarder, as outlined in your terms and conditions I am filing this claim intent within 48 hours of delivery. Please accept this as our intent to file a claim either against either Commodity Forwarders or the carrier on our behalf. All back-up information is either provided with this notification or can be made available upon request. I understand that there are time limits for filing claims and I will provide all necessary documentation within 30 days from date of request. Further, I understand that Commodity Forwarders will not allow for deductions to be taken to fulfill claim liability and that all attempts to mitigate claims must be made. *Please visit us at <http://www.cfi-lax.com/claimProcedures.asp> to review complete information regarding Claim Procedures and Guidelines.*

Bill of Lading or Hawb Number	Claimant Company	Date

If Declared Value taken on this shipment what was the value?	
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<u>Qty of pcs Damaged / Lost</u>	<u>Description of Cargo</u>	<u>Nature of Damage</u>	<u>Amount \$</u>

Statement of Events

The foregoing statement of facts is hereby certified as correct:

Signature of Claimant:		
Printed Name and Title:		Date Signed:
Email Address:		Phone Number:

When completed, please submit to your CFI Customer Service Representative via fax or email. CFI Internal Use Only – Please initial or circle as appropriate.

Claim Intent Filed with carrier: (if applicable) _____	Claim approved if lodged against CFI: CSR WHSE _____
Credit processed for customer in database: _____	Payment to be made by: Credit Check _____
Formal Claim filed with carrier: (if applicable) _____	