



Domestic Cargo Claim Report

INSTRUCTIONS: Submit this completed form to 5 Logistics as soon as you become aware of a claim. The fields with asterisks are mandatory; the non-asterisked fields will also be needed, but they may be submitted separately if the information is not yet available. Do not delay your notification of a claim until all information is acquired. If you are unsure of who to submit this form, send to service@5logistics.com or call 720-336-5123 for assistance.

*Did you purchase insurance from 5 Logistics: Yes No

*Claimant Company _____

*Contact _____ *Phone _____

*Email _____ Date of Report _____

*HAWB # _____ Carrier _____

*Commodity _____

*Insured Value _____ Estimated Claim Amount in USD _____

Origin _____ Destination _____

*Delivery Date _____

Date Loss/Damage Discovered _____

*Describe Shipment/Cargo (Container #, # of Boxes, etc.) _____

*Describe Loss or Damages _____

Location of Damaged Goods _____

Contact Name: _____ Contact Phone: _____

Comments: _____

Attached are documents pertaining to this claim:

- Copy of delivery receipt notating loss/damage
- Copy of commercial invoice
- Copy of packing list
- Repair bills or estimates

Claim Payment Remittance Address:

