



Loss, Shortage, and Damage (Claim Form)

Mail to: Oahu Express, LTD
Attention: Customer Service
PO Box 700340
Kapolei, HI, 96709
Fax to: 808-682-8811

Date:
Claim Number:
Freight Bill Number:

A claim for \$ is being filed against Oahu Express for the Loss Shortage Damage in connection with the following shipment:

Shipper's Name: Consignee's Name:
Origin Point: Destination Point:

Detailed statement showing how the "Amount Claimed" is determined

Table with 4 columns: Qty, Item #, Description, Manufacturer Invoice Cost

Total Amount Claimed: \$

If your claim is filed for damage and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage pickup. Salvage should be held until investigation of claim is completed.

Explanation:

Salvage Contact: Phone: Fax:

The following documents are submitted in support of this claim:

- Original Invoice or certified copy
Delivery Receipt - Proof of Delivery (if available)
Inspection or waiver of inspection (if applicable)
Breakdown of repair charges
Bill of Lading (copy)

The foregoing statement of facts is hereby certified as correct.

Claimant Company Name: Signature:
Point of Contact (Print Name):