

Cargo Claim Form

FORM TO BE COMPLETED BY THE CLAIMANT

Please mail, email or fax this form with supporting documentation to ICAT Logistics:

ICAT Logistics, Inc. – 6805 Douglas Legum Drive, Elkridge, MD 21075 Email: claims@icatlogistics.com • Phone: (770) 474-1555 ext. 209 • Fax: (770) 474-9758

CLAIM INFORMATION

Date of Report:		Your Reference #:		
Company Name:		Contact:		
Mailing Address:				
Mailing City:	Mailin	ng State:	Mailing Zip:	
Phone:		Fax:		
Shipper:		Consignee:		
Insured/Declared Value:		Invoice Amount:		
Certificate of Insurance #:		ICAT Airway Bill #:		
Date of Airway Bill (AWB):		From:	То:	
Date of Delivery:		Date of Discovery:		
If the claim is for damage, was the damage: Visible at the time of delivery? OR Concealed? (Please check one)				
Weight of the Damaged/Missing Goods:				
Description of Shipment/Cargo (Container #, Number of Boxes, etc.):				
Location of Goods:				
	DOCUMENTS HAVE BEEN		insurance? Yes No	
ICAT Bill of Lading		Delivery Receipt	Packing List	
	Commercial Invoice			
Photographs	Repair Bills	Repair Estimates	Survey Report	
Police Report	Other			
Claimant's Signature:			Date:	
Print Name:	Title:	Email .	Email Address:	
 General Time Limitations for Filing Claims: Claims for loss or damage MUST be filed in writing with Forwarder within 270 days after the date of delivery with the exception of international shipments via air (within 24 hours of delivery for damage claims and 30 days for loss). Claims for concealed loss/damage must be reported to the Forwarder in writing within 7 days after the date of delivery, with privilege to the Forwarder to inspect the container(s) and contents within 15 days after receipt of such notice. International air and ocean must be reported within 24 hours of delivery. 				