



ICAT Logistics, Inc. - Cargo Claim Form

TO BE COMPLETED BY THE CLAIMANT

Please Fax or Mail This Report With Supporting Documents to ICAT Logistics, Inc.

6805 Douglas Legum Dr., Elkridge, MD 21075

(800) 572-1324

(443) 459-8088 Facsimile

Date of Report: _____ Your Ref. # _____
Company Name: _____ Contact: _____
Mailing Address: _____
Phone: _____ Fax: _____
Shipper: _____ Consignee: _____
Insured/Declared Value: _____ Invoice Amount: _____
Certificate of Insurance #: _____ ICAT Airbill #: _____
Date of AWB: _____ From: _____ To: _____
Date of Delivery: _____ Date of Discovery: _____

If claim is for damage: Was the damage Visible at the time of delivery? **OR** Concealed Damage? (Please check one)

Weight of the Damaged/Missing Goods: _____

Description of Shipment/Cargo (Container #, Number of Boxes, etc.):

Location of Goods: _____

Describe Damages: _____

Amount of Claim: \$ _____

Do You Have Your Own Cargo Insurance?: Yes No

The Following Claim Documents Have Been Submitted:

- | | | |
|---|---|---|
| <input type="checkbox"/> ICAT Airbill | <input type="checkbox"/> Commercial Invoice | <input type="checkbox"/> Packing List |
| <input type="checkbox"/> Delivery Receipt | <input type="checkbox"/> Photographs | <input type="checkbox"/> Repair Bills/Estimates |
| <input type="checkbox"/> Police Report | <input type="checkbox"/> Survey Report | <input type="checkbox"/> Other |

Claimant's Signature: _____ Date: _____

Print Name: _____ Title: _____

General Time Limitations for Filing Claims (Always Refer to the Airbill or Bill of Lading for Specific Time Limitations):

- Claims for loss or damage must be filed in writing with Forwarder within 180 days after the date of acceptance of the shipment by ICAT
- 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.