

LOSS / DAMAGE CLAIM

WRITTEN NOTICE OF CLAIMS MUST BE MADE WITHIN 60 DAYS OF DELIVERY OF CARGO

<p>CLAIM REQUIREMENTS:</p> <ol style="list-style-type: none"> 1. Completed Claim Form 2. Copy of Bill of Lading / Delivery Receipt 3. Copy of Shipper's Invoice or Repair Receipt 4. Copy of Freight Invoice 5. Auto Claim: Two (2) Estimates and Vehicle Exception Survey. 	<p>CLAIM MUST BE FILED AGAINST CARRIER WITH RESPECTIVE PORT OF DELIVERY OF CARGO INDICATED BELOW:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HONOLULU PO Box 3288 Honolulu HI 96801 Tel: (808) 543-9311 <input type="checkbox"/> HILO 99 Kuhio St. Hilo HI 96720-4726 Tel: (808) 935-8903 <input type="checkbox"/> KAWAIHAE PO Box 655 Kamuela HI 96743 Tel: (808) 882-7244 <input type="checkbox"/> MAUI 80 Wharf St. Kahului HI 96732 Tel: (808) 877-6511 <input type="checkbox"/> MOLOKAI PO Box 267 Kaunakakai HI 96748 Tel: (808) 553-5431 <input type="checkbox"/> LANAI PO Box 644 Lanai City HI 96763 Tel: (808) 565-6626 <input type="checkbox"/> KAUAI 3020 Waapa Rd. (Pier 3) Lihue HI 96766 Tel: (808) 245-4051 	<p>FOR CARRIER'S USE ONLY</p> <p style="text-align: right;">Claim Number _____</p>
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<p>Claimant: _____ <input type="checkbox"/> SHIPPER</p> <p>Mailing _____ <input type="checkbox"/> CONSIGNEE</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p>	<p>Date of Claim: _____</p> <p>Port of Loading: _____</p> <p>B/L Number: _____</p> <p>Shipper: _____</p>	<p>Nature of Claim: _____</p> <p>Port of Discharge: _____</p> <p>B/L Date: _____</p>
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SHOW INVOICE PRICE AND DISCOUNTS. ADDITIONAL CHARGES MUST BE ITEMIZED.

PACKAGES		COMMODITY	AMOUNT
No.	Kind		
Total Amount Claimed			

We hereby certify this claim is correct and just and that the amount charged is the actual cost. By: _____

CLAIMANT'S SIGNATURE

DO NOT WRITE BELOW THIS LINE — OFFICE USE ONLY

IF CAUSE CAN BE DETERMINED, WHAT HAPPENED?

REMARKS:
