



11013 NW 30th Street Miami, Florida 33172
Phone (305) 513-0156 Fax (305) 513-0157

TSA # S09610014 FMC-OTI No. 16723N

CARGO INSURANCE CLAIM FORM

THE INSURED			
DATE		AWB OR B/L #	
NAME			
COMPANY			
ADDRESS			
CONTACT	WORK	HOME	MOBIL
	FAX	EMAIL	OTHER

SHIPMENT INFORMATION			
SHIP DATE		NO. OF PACKAGES	WEIGHT
SHIPMENT METHOD	AIR <input type="checkbox"/> OCEAN CONSOLIDATED <input type="checkbox"/> OCEAN FULL LOAD <input type="checkbox"/> TRUCKING <input type="checkbox"/>		
CUSTOMS/CLEARING AGENT			
CONTENT OF SHIPMENT			
DESCRIBE DAMAGE TO OUTER PACKAGING			
DESCRIBE DAMAGE TO INNER CONTENT			
WHAT KIND OF LOSS	COMPLETE <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	DECLARED VALUE IN USD \$
WHERE DID IT OCCUR			
HOW DID IT OCCUR			
WHERE CAN THE DAMAGED GOODS BE INSPECTED?			
WAS THE CARGO PROPERLY PACKED FOR EXPORT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/> DID NOT SEE CARGO: <input type="checkbox"/>
WAS THE DAMAGED/LOSS NOTED ON DELIVERY DOCUMENTATION AT THE TIME OF DELIVERY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF NO, WHY NOT? :			

DECLARATION AND REQUIRED SIGNATURE:	
<p>I/WE CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS TRUTHFUL, ACCURATE AND COMPLETE. NO INFORMATION LIKELY TO AFFECT THIS CLAIM HAS BEEN WITHHELD. I/WE UNDERSTAND THAT THIS CLAIM MAY BE REFUSED OR REDUCED IF THE INFORMATION IS UNTRUE, INACCURATE OR CONCEALED. THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY DELUXE FREIGHT, INC AND/OR ITS AGENT AND/OR INSURANCE COMPANY.</p>	
Signature of Insured(s) X _____	Date: _____

**PLEASE RETURN THE COMPLETED FORM AND REQUESTED DOCUMENTATION VIA MAIL OR FAX TO:
 DELUXE FREIGHT, INC 11013 NW 30 ST Suite 100. MIAMI, FLORIDA 33172 OR VIA FAX: 305-513-0157**