

**Claims presentation/processing form**

CAVALIER LOGISTICS CARIBBEAN BV

Type of claim:  Shortage       Damage       Loss

Shipper	Consignee

B/L No: or AWB No: \_\_\_\_\_ Name of carrier on B/L or WB: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Total quantity of shipment: \_\_\_\_\_

CAVALIER- shipment no: \_\_\_\_\_ Total amount claimed in ANG: \_\_\_\_\_

Is shipment insured: Yes / No If yes with which Insurance company: \_\_\_\_\_

Detailed statement of claim:

(Number and description of articles, nature of claim, amount of claim and how established

In case this space is insufficient please be so kind to attach a separate letter.

In addition to the information given above, the following documents are to be submitted in support of this claim

- Copy b/l. or awb (required)
- Copy of commercial invoice (required)
- Copy of packing list (if available)
- Copy of delivery receipt (required)
- Copy of amounts listed in your claim not supported by the commercial invoice (required)
- Survey report (if available)

The foregoing statement of facts is hereby certified as being true and correct

\_\_\_\_\_  
Name of claimant

\_\_\_\_\_,  
Place

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date