

Standard Loss Notice Logistics Claims

1. Claimant Information

Company Name: _____

Contact Person: _____

Contact Number: _____

Email Address: _____

2. Consignment Details

Shipping Reference / AWB No.: _____

Date of Shipment: _____

Consignee Name: _____

Origin / Pickup Location: _____

Destination: _____

3. Loss/Damage Details

Date & Time of Loss or
Discovery: _____

Location of Loss: _____

Description of Loss or
Damage: _____

Estimated Value of Claim: _____

4. Itemized Details

| Item Description | Quantity | Package Type | Declared Value | Nature of Damage/Loss |
|------------------|----------|--------------|----------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

5. Supporting Documents Attached

- Copy of Commercial Invoice
- Copy of Shipping Receipt / AWB
- Photographs of Damaged Goods
- Other Relevant Documents

6. Declaration

I hereby declare that the above information is true and accurate to the best of my knowledge.

Claimant Signature: _____

Date: _____

Important Notes

- This form should be submitted as soon as the loss or damage is discovered.
- Incomplete information or missing attachments can cause delays in claim processing.
- Retain all shipping documents and evidence of damage for verification.
- Ensure all supporting documents are clear and legible.