

Consignee Claim Form



Claim No. Assigned: _____

Instructions:

Please complete this form in its entirety. Missing information may hinder processing. Provide as much detail as possible and attach all supporting documents (i.e. photographs of damage, repair estimates, copy of bill of lading, invoice, dock receipt, etc.).

Do NOT repair / replace any damaged / lost cargo until your claim has been processed by our claims department.

ALL CLAIMS MUST BE SUBMITTED IN WRITING WITHIN TEN (10) CALENDAR DAYS AFTER RECEIPT OF CARGO AT PORT OF ENTRY.

No claims will be processed, or approved, until the Bill of Lading connected with the claim has been paid in full.

Approved claims totaling \$100.00 or less are paid as a shipping credit.

Claims Department Contact: Nilma Ramirez
Phone: +1 954 920 9292 Fax: +1 954 603 1465
Email: claims@seacorislndlines.com

Type of Claim: Damaged Cargo Missing Cargo
(Select one)

Date of Claim: _____ Shipping Date: _____ Bill of Lading / Dock Receipt No.: _____

Company Name: _____ Phone: _____

Contact Name: _____ Fax: _____

	DESCRIPTION OF ITEM(S) & DAMAGE	ITEM VALUE
1		
2		
3		
4		
5		

Cargo Insured: Yes No
(Select one)

Total Claim Value: _____

Request compensation for the above items be paid to (payee): _____

Additional Comments or Information:

Name: _____

By placing a Y in this box I confirm that all information provided is true and correct.
(Required)

CLAIMS DEPARTMENT USE ONLY BELOW THIS LINE

Claim Disposition:

Received: _____ Closed: _____ Customer Code: _____
(Required for credits)

Payment Type: Check Credit Replacement Claims Department Comments:
Check Type: US Bahamas TCI

Payment Amount / Replacement Value: _____

Final Disposition: Approved Denied Date: _____ Signature: _____

Accounting Department Approval: _____ Date: _____ Signature: _____