## Loss & Damage Claim Form

### Claim filed by:

**Claimant**

**Address**

**City** | **State** | **Zip**
---|---|---

**Phone #** | **Contact Person**

### Type of claim (document only the affected piece count and weight):

- [ ] GoldStreak loss  
  **Pc** / **Wt**
- [ ] GoldStreak damage  
  **Pc** / **Wt**
- [ ] Freight loss  
  **Pc** / **Wt**
- [ ] Freight damage  
  **Pc** / **Wt**

### Detailed description of material being claimed:

**Commodity:** ____________________________________________________________________________________________________

**Type of inner packaging, e.g. glass, paper, none, etc.:** _________________________________________________________________

**Type of outer packaging, e.g. cardboard box, plastic tote, etc.:** __________________________________________________________

**Outer packaging markings and labels, e.g., frozen, cool, none, etc.:** ______________________________________________________

### Condition of shipment when received by consignee:

Date received: __________________________  Was the loss/damage noticed before unpacking? ___ Yes ___ No

If Yes, was an exception noted by the cargo agent or authorized representative on the Delivery Receipt? ___ Yes ___ No

- If Yes, please provide a copy of the Delivery Receipt with your claim submission.

If No, please explain: __________________________________________________________________________________________

### Please state a detailed reason for this claim (attach a separate page if necessary):

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

Initial notice date: _______________________  Airport/City where initial notice was given: __________________

Claimant’s printed name: ____________________________  Today’s date: ____________________