

Claim No.:

CLAIM FORM

Please e-mail to: joon.park@uclinc.com or FAX: 323-235-7667

This claims for \$	made against UCL Inc. for	in accordance to the shipment as follow:
(Shipper's name)		(Consignee's name)
(Shipment Point Origin)		(Final Destination)
(Pick Up Date)		(Delivery Date)
(Cargo Receipt No.)		(Bill of Landing No.)
If shipment re-consigned en route,	state particular:	

If shipment moved from warehouse or distribution center point, indicate name of initial shipper and point of origin, if know name of prior carrier of carriers and prior billing reference please indicate:

DETAILED STATEMENT OF AMOUNT CLAIMED

(Quantity and description of articles, nature and extent of loos or damage, invoice price of articles, amount of claim, etc.) (ALL DISCOUNT AND ALLOWANCES MUST BE INFORMED)

TOTAL AMOUNT CLAIMED \$	

The following documents are submitted in support of this claim;

- Original Bill of Landing or Cargo Receipt
- Original Paid Freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill
- Original Invoice of Certified Copy of invoice
- Carrier's Inspection Report Form (Concealed Loss or Damage)
- Consignee Concealed Loos or Damage Form
- Shipper's Concealed Loss or Damage Form

Other particulars obtainable in proof of Loss or Damage claimed

I certify that above statement are true, complete to the best of knowledge and understand that upon investigation, falsified statement may result in denial or reduction of claim.

CLAIMED BY (COMPANY NAM	ИЕ):		DATE:		
PHONE NUMBER:	FAX:	E-MAIL:			
PRINT N	AME		SIGNATURE		