



Caribbean Shipping Services, Inc.  
 2550 Cabot Commerce Drive, Suite 100  
 Jacksonville Beach, FL. 32226  
 Phone: 904-247-0031  
 Fax: 904-247-0103  
 Email: CSSClaims@caribbeanshipping.com

Today's Date  
 Shipment ID / Lot #  
 Claimant Reference #  
 Invoice #  
 PO #  
 RQ #

**Claimant Information**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of shipment: \_\_\_\_\_ What is the cause of the claim? Loss \_\_\_\_\_ Damages \_\_\_\_\_ Other \_\_\_\_\_  
 Shipper: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Consignee: \_\_\_\_\_ City/State: \_\_\_\_\_

Detail description of how claim amount has been determined, include quantity and description of articles, nature and scope of loss, invoice cost of articles, amount of claim, etc.

**Total Amount of Claim**

**Please supply the following support documentation**

1. Original Vendor invoice showing the cost of the product (This is required and is not the freight invoice for the freight charges)
2. Repair invoice showing all labor rates, parts, reshipment charges if any. (if applicable).
3. Record of discount sale (if applicable)
4. Photographs (please do not fax) or Inspection report (if one has been completed)

Indemnity Agreement - In the absence of the original freight bill and/or original bill of lading, we agree to hold the above named carrier to whom this claim is presented any other participating carrier harmless and indemnified against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to the said carrier and any participating carrier(s) any losses, damages, costs, counsel fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender of the original freight bill or bill of lading, as such was not provided and/or cannot be located.