



Loss or Damage Claim

Please fill in all necessary information on this form in order to process your claim quickly. Some information will be transfer to page 2 of First Report of Cargo Claim.

Claim Submitted By: _____ Date: _____

Claimant: _____ HAWB #: _____

Address: _____ Damage: Loss:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Shipper Information:

Shipper: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Consignee Information:

Consignee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date: _____ Epic Air Bill # _____ Claim Amount: \$ _____

The foregoing statement of facts is hereby certified to be correct:

By: _____ Title: _____



First Report of Cargo Claim

INSTRUCTIONS: Submit this form to Epic Freight Solutions claims department as soon as you become aware of a claim. The fields with asterisks are mandatory; the non-asterisked fields will also be needed, but they may be submitted separately if the information is not yet available. Do not delay your notification of a claim until all information is acquired. Submit this form to claims@epicfs.com or call 818-464-3742 and ask for claims.

*Claim Type: Legal Liability Declared Value All Risk Coverage

Policy Holder: EPIC FREIGHT SOLUTIONS

Phone: 818-464-3742

Contact: Jack L Barber

Date of Report: _____

Email: claims@epicfs.com

Policy #: **14TAP7253**

HBL/HAWB#: _____

Certificate/Dec.#: _____

*Claimant: _____

Submitted By: _____

Phone: _____ Fax: _____

Email: _____

MBL/AWB# _____

HBL/HAWB#: _____

Air/Ocean Carrier: _____

Agent: _____

*Commodity _____

*Declared Value: _____

*Estimated Claim
Amount in USD: _____

Origin: _____

*Destination: _____

*Delivery Date: _____

Arrival Date at Destination: _____

*Date Loss/Damage Discovered: _____

Carrier/Vessel: _____

Terms of Sale (Incoterms): _____

*Describe Shipment/Cargo (Container #, # of Boxes, etc.)

*Describe Loss or Damages: _____

*Location of Damage Goods: _____

Contact Name: _____

Contact Phone: _____

Comments: _____

Detailed Statement showing How Amount Claimed is Determined

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

Total Amount Claimed	

You must attach the following pertaining to this claim

- Copies of ocean, air and inland Bills of Lading covering the entire shipment
- Copy of commercial invoice covering the entire shipment
- Copy of packing list
- Delivery receipts with noted exceptions in respect to loss or damage
- Written confirmation from carrier for non-delivery for a lost shipment
- Repair bills or estimates
- Inspection report if applicable
- Photos of damage merchandise, packaging and or crates**
- Proof of payment of Epic Freight bill

Are you claiming the cost for the New freight charge? Yes No

Claims cannot be paid until Epic Freight invoice has been paid in full to show Proof of Ownership .

The foregoing statement of facts is hereby certified to be correct.

Please enter your name as your online signature