



3900 Old International Airport Road  
 Anchorage, AK 99502  
 Attn: Claims Department

## Claim Form

STATEMENT OF CLAIM		
Amount of claim (USD):	For Damage: <input type="checkbox"/>	For Loss: <input type="checkbox"/>
Commodity Description:		
Date and place damage or loss was first discovered:		
Description of Damage/Loss:		
Bill of Lading #:	Date of Shipment:	

CLAIM VALUE	
ITEM DESCRIPTION	VALUE
Total Amount of Claim in USD	
<p style="text-align: center;">NOTE: Damaged goods must be retained for presentation at time of settlement.</p> <p style="text-align: center;">Attach itemized statement showing how amount claimed is determined.            (Number and description of articles, nature and extent of damage or loss, invoice price of articles, etc.)</p>	

CLAIMANT INFORMATION	
Company (if Applicable):	
Contact:	Phone:
Email:	Fax:
Mailing Address:	
City:	State/Zip:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_