



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>NOTE: Damaged goods must be retained for presentation at time of settlement.</p> <p>Attach itemized statement showing how amount claimed is determined.<br/>           (Number and description of articles, nature and extent of damage or loss, invoice price of articles, etc.)</p> |       |

| CLAIMANT INFORMATION |            |
|----------------------|------------|
| Company:             |            |
| Contact:             | Phone:     |
| Email:               | Fax:       |
| Mailing Address:     |            |
|                      |            |
| City:                | State/Zip: |

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

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