



Chemical Logistics Corporation

11 Harristown Road . Suite 104 . Glen Rock, NJ 201-251-7333

Name of Claimant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ (please print)

Phone: _____ Fax: _____

Target Tracking No.: _____ Date of Shipment: _____

CLAIM FORM FOR GOODS LOST OR DAMAGED

NO.	WEIGHT	DESCRIPTION	DETAILED REASON FOR CLAIM	AMOUNT OF CLAIM
Total amount of claim				\$

Claims for loss or damage discovered by the consignee after delivery, after a clear receipt has been given to Chemical Logistics Corporation, must be reported in writing to Chemical Logistics Corporation, Inc. within seven days after delivery of shipment, CLC should be given the privilege to inspect the shipment, its container(s) and packing material within fifteen days after receipt of such notice.

Please attach the following documents and forward to the Claims Department:

- 1. **Commercial Invoice** establishing the value of the entire shipment
- 2. **Packing List**
- 3. **Photographs of damage** if available
- 4. **Repair/Replacement estimate**
- 5. **Copy of the delivery receipt** if available

Signature of Claimant _____ Date: _____