



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS
(Read instructions on back)

MAIL TO:	OR FAX TO: 310-537-1400
DHX-DEPENDABLE HAWAIIAN EXPRESS, INC. CLAIMS CARGO DEPARTMENT 19201 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221	
SHIPPER NAME	
Joe's Auto Parts	
CONSIGNEE NAME	
Jane's Automotive Depot	

DHX FRT BILL NUMBER	432456
VESSEL & VOYAGE NUMBER	Manukai 01
SAIL DATE	01/01/08
CLAIMANTS NUMBER	2345

This claim for \$ 2000.00 is made against the carrier named for Shortage Damage _____

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.)
SHOW ALL DISCOUNTS AND ALLOWANCES

Transmission Model # 7512-A	\$ 1250.00
Car Hood - 2006 Ford Mustang Item # 523-B	\$ 750.00
TOTAL DOLLAR AMOUNT CLAIMED	\$ 2000.00

- IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM**
- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Original bill of lading, if not previously surrendered to carrier. | 4. <input type="checkbox"/> Inspection report <input type="checkbox"/> Shipper <input type="checkbox"/> Carrier <input type="checkbox"/> Consignee |
| 2. <input type="checkbox"/> Original paid freight (expense) bill. | 5. <input type="checkbox"/> Proof of delivery <input type="checkbox"/> _____ |
| 3. <input checked="" type="checkbox"/> Original invoice or certified copy. | 6. <input type="checkbox"/> Other particulars obtainable in proof of loss or damage claimed. |

Explain the absence of any document called for in this claim. _____

WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS

INDEMNITY AGREEMENT
When the Original Bill of Lading and/or Freight Bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original document.

Foregoing statement of fact is hereby certified as correct.

01/01/08
DATE
X Signature
(SIGNATURE OF CLAIMANT)

Joe's Auto Parts
NAME OF CLAIMANT
1234 Shipping Lane Ave
STREET ADDRESS
East Coast, NY 11570
CITY, STATE, ZIP CODE