



AIR FREIGHT CLAIM

ADVICE TO CLAIMANTS:

Steps to File a Cargo Claim:

1. Complete this form. Please type or print legibly.
2. Mail in ORIGINAL copy, retain DUPLICATE for your records.
3. Include clear copy of airbill.
4. Also include copy of original purchase receipts or invoices for lost/damaged goods, and/or:
5. A copy of repair estimate or paid receipt for completed repairs.
6. Any additional documents, pictures or explanations regarding this shipment are welcomed.
7. *Mail ALL Documents To:*

Alaska Central Express
Attn: Claims Department
5901 Lockheed Avenue
Anchorage, AK 99502
888-722-0232

Alaska Central Express will make every effort to conclude this claim within 30 days after it is received at the Cargo Claims Department. Liability is based on the “Conditions of Contract” as stated on the reverse side of the airbill.

NOTE: Damaged goods must be held intact by the claimant until the claim is concluded.



AIR FREIGHT CLAIM

Claim # _____

Airbill Number _____ Airbill Date _____

Claim is being filed by: Shipper Consignee Other

Claimant: _____

Mailing Address: _____

Phone: Cell Other _____ Email: _____

Commodity: _____

Number/Weight of Piece(s) Lost: _____ Number/Weight of Piece(s) Damaged: _____

PLEASE GIVE A FULL DESCRIPTION OF THIS SHIPMENT:

1. Markings and Labels on Outer Container:
(FRAGILE, THIS END UP, etc.) _____
2. Type/Material of Outer Container:
(Cardboard, Wood, Metal Shrink-wrap, etc.) _____
3. Inner Container or Packaging/Insulating Material:

4. Date: _____ Consignee Picked Up Delivery/Courier Service Other
5. Could consignee have noticed any damage/ discrepancy at time of delivery and before unpacking? Yes No
6. If Line 5 is YES, did consignee note an "exception" on the delivery copy of the airbill? Yes No
7. If Line 6 is YES, please explain _____
8. Were damaged/spoiled items and packaging inspected by an Alaska Central Express agent? Yes No

PLEASE STATE COMPLETE AND DETAILED REASON(S) FOR THIS CLAIM BELOW.

(Please type or print clearly. Attach a separate sheet if necessary)

Station Where Initial Notification Was Given: _____

Agent Notified: _____

Person/Company Filing Notice: _____

Date of Initial Notification: _____

Total Amount of Claim: \$ _____

Freight Charges Paid: \$ _____

Signature of Claimant _____

Date _____