

MFS FREIGHT SERVICE, LLC

Loss or Damage Claim Form

CLAIM FILING REQUIREMENTS

1. Please complete this Claim Form in full.
2. Please attach original inspection report, if applicable.
3. Please attach certified copy of full invoice.
4. Please attach copy of paid freight bill.
5. Please attach signed delivery receipt.
6. If damage has been repaired, please attach certified repair invoice.
7. Please mail original form and attachments to: MFS FREIGHT SERVICE, LLC
P.O. BOX 17580
HONOLULU, HAWAII 96817

For Office Use Only

Date Claim Received

Claimants Name:

Address:

City, State, Zip Code:

Claimants Claim Number:

Telephone Number:

Fax Number:

Forwarder Address:

MFS Freight Service, LLC
2280 Alahao Place
Honolulu, Hawaii 96819

Type of Claim: Loss: _____

Damage: _____

Vessel & Voyage

Container Number

Freight Bill Number

Packages		Description of Commodity	Total Cost
No.	Kind		

Invoice Value of entire shipment: _____ Total Claim Amount: _____

Certification: We hereby certify this claim is correct and the amount claimed is the actual invoice cost less all discounts and allowances.

Signature: _____ Date of Claim: _____

Please print Name: _____

IF YOU HAVE ANY QUESTIONS, PLEASE PHONE US AT 808-847-3015