



CARGO CLAIMS FORM

Claimant: _____

Date: _____

B/L Number _____

To: ECU Worldwide
2401 N.W. 69th Street
Miami, FL 33147
Attn: CLAIMS DEPT.

Tel. No.: 305-693-5133
Fax No.: 305-894-3666
E-mail: miami-claims@ecuworldwide.us

This is to place claim against our LOSS/ DAMAGE (circle one) in the amount of \$ _____ as described in detail below (**Please be specific**), Show weights of damage pieces: _____

Attached are the relevant documents to support this claim:

- (1) Detailed claim statement itemizing the loss and full description
- (2) Commercial invoices / packing list, covering entire shipment (highlighting items claimed Showing the weight of the item being claimed.
- (3) Copy of B/L
- (4) If loss or damage exceeds the value of \$2,000.00, copy of survey report (if applicable.)
- (5) Delivery receipt showing exceptions when delivery was taken by consignee and OS&D report.
- (6) Pictures showing damages, on arrival and when opened.
- (7) Repair estimate (at least two) if applicable.
- (8) Salvage Value (if applicable)

Very Truly Yours,

By: _____
Title: _____

Note: Concealed damage is not covered, as it cannot be proven where said damage took Place. *All Freight charges must be paid in full before any claim will be considered*

Instructions: (**For ECU Worldwide representative**)

To help facilitate and expedite our handling of this claim, please indicate which of the items below apply:

- _____ No Insurance whatsoever
_____ Insurance through Forwarder/Consignee/Shipper (circle one) not ECU Worldwide
_____ Insured through ECU Worldwide