

Instructions to complete and submit Caribbean Transportation Services Claim Form

Step 1 – Enter the Caribbean Transportation Services Waybill Number and Pieces and Weight of the shipment as noted on the Waybill

Example: Waybill # 33503845 Pcs/Wt on Waybill 15 @ 7500 lbs

Step 2 – Enter the full name and address of the Shipper as it appears on the Waybill.

Step 3 – Enter the full name and address of the Consignee as it appears on the Waybill.

Step 4 – Enter the full name and address of the Claimant.

Note: The claimant must be a party to the shipment either the Shipper, Consignee, or Third Party Billing Agent that appears on the Waybill.

Step 5 – Claimant Claim # (optional) If the claimant uses an internal claim number for their own identification, the number would be entered here. If no internal claim number is used, leave blank.

Step 6 – Type of Claim: Check either *Loss* or *Damage* as applicable.

Step 7 – Amount of Claim \$: Enter the Dollar amount of the claim. If you wish reimbursement of the freight charges for that portion lost or damaged, you may add the statement “plus freight”.

Step 8 – Complete Description of Circumstances Requiring Claim: Write the details of the reason for the claim. Details must be concise and descriptive. If necessary you may use an additional page.

Step 9 – Name of Person Filing Claim: The name of the person completing the Claim Form is to be printed on the line noted (print) and Signed on the line noted (signature). ***The Claim Form MUST be signed.***

Step 10 – Date: Enter the date the Claim Form is completed.

Step 11 – Telephone Number: Enter the telephone number (with extension number if applicable) of the person signing the Claim Form.

Step 12 – Submit the Claim by either Faxing the completed form to (336) 668-7564 or by mail to the address noted on the top of the Claim Form.