

**Claims**  
(please print and complete)

**Cargo Loss Or Damage Claim**  
08565-36 (5/83) U.S.A.

Claim in the amount of \$ \_\_\_\_\_  
is hereby filed for (check one)  
 Loss  Damage

Date Filed \_\_\_\_\_  
Claimants Claim No. \_\_\_\_\_  
Airbill No. \_\_\_\_\_

**Mail Claim To:**

Southland Distribution Inc.  
5024 Katella Ave. Ste. 324  
Los Alamitos, CA. 90720  
310-527-5222 \* Fax: 310-324-5536

**Claim Payable To:**

Name \_\_\_\_\_  
Street No Or P.O. Box \_\_\_\_\_

Shipper		Consignee	
Address		Address	
City Or Town & State & Country	ZIP Code	City Or Town & State & Country	ZIP Code

**Claim must be supported by a detailed statement showing how the amount was determined. Include a complete description of lost items; size, color, markings, etc.**

Were articles	New <input type="checkbox"/>	Used <input type="checkbox"/>	Weight Of Lost Or Damaged Article [      ]	\$ Amount Claimed

Weight of damage and/or lost shipment \_\_\_\_\_

**Note: Claim should be supported by the following documents. Failure to include sufficient documentation may delay conclusion of the claim.**

- |  |  |
|--|--|
| Documentation of transportation contract<br><input type="checkbox"/> Copy of Airbill<br><input type="checkbox"/> Proof of paid freight charges | Documentation of value/amount claimed<br><input type="checkbox"/> Complete vendor invoice or photocopy showing all discounts<br><input type="checkbox"/> Original repair invoice or photocopy showing hours to repair, labor rate, and material cost |
| Documentation that loss or damage occurred<br><input type="checkbox"/> Noted consignee copy of delivery document                               | Other documents to support claim<br><input type="checkbox"/> Inspection Report/Survey<br><input type="checkbox"/> _____  |

The foregoing statement of facts is hereby certified as correct

Claimant's name (print) \_\_\_\_\_  
Claimant's signature \_\_\_\_\_

The foregoing statement of facts is hereby certified as correct

Claimant's name (print) \_\_\_\_\_

Claimant's signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

**Please Print and Fax this Form, along with the Credit Application, to 310-324-5536**