



CLAIM FORM

2989 Ualena Street, Honolulu, Hawaii 96819
 Phone: (808) 836-1936 • Fax: (808) 833-6462
 Toll Free From Mainland: (800) 367-2646
 Toll Free From Neighbor Islands: (800) 352-3506

Claimant's Name & Address					
Date of Claim		Claimant's Telephone No.		Delivery Date	
Person who reported damage, etc.		Name of who reported to at Hawaii Air Cargo		Date reported to Hawaii Air Cargo	
HAC's Airbill Number			HAC's Airbill Date		
Shipper's Name & Address					
Consignee's Name & address					
Total No. of Cartons Shipped		Total Weight Shipped		Commodity	
Amount of Declared Value on Airbill		Number of Cartons Damaged		Weight of Damaged, etc.	
Number of Cartons Received		Number of Cartons Short		Damage or Shortage noted on Delivery Receipt, Amount noted	
Container Details	Outer Packing	Inner Packaging	Outer / Inner Defects	Marks and Labels	Gross Weight Info
State procedure for arriving at amount claimed					
AMOUNT OF CLAIM: \$					

Claim is for: Damage Shortage Other _____

CLAIMANT: While awaiting inspection by freight forwarder (HAC) the consignee must hold the shipping container and it's contents in the same condition they were in when damage was discovered.

Report must be in writing to HAWAII AIR CARGO, INC. within (5) business days after delivery of goods.

The following must be delivered with this report:
 INSPECTION REPORT, COPY OF HAWAII AIR CARGO AIRBILL, ORIGINAL INVOICE
 SHOWING "COST" OF GOODS, & ITEMIZED REPAIR INVOICE OR ESTIMATE.

Claims cannot be finalized until freight bill is paid.

INSPECTOR'S NAME	DATE OF INSPECTION
INSPECTORS REPORT	

GOODS BROUGHT BACK TO HAC: YES NO

CLAIMANT'S AUTHORIZED SIGNATURE	DATE