



BTX Global Logistics - Cargo Claim Form

TO BE COMPLETED BY THE CLAIMANT

Please Fax or Mail This Report with Supporting Documents to BTX Global Logistics
P.O. Box 853, Shelton, CT 06484
(203) 925-5905 or
(203) 925-5938 Facsimile



Date of Report: _____ Your Ref. # _____

Company Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Shipper: _____ Consignee: _____

Insured/Declared Value: _____ Invoice Amount: _____

Certificate of Insurance #: _____ BTX Airbill #: _____

Date of AWB: _____ From: _____ To: _____

Date of Delivery: _____ Date of Discovery: _____

Weight of the Damaged/Missing Goods: _____ Description of Goods: New Used Refurbished

Description of Shipment/Cargo (Container #, Number of Boxes, etc.): _____

Location of Goods: _____

Describe Damages: _____

Amount of Claim: \$ _____ Do You Have Your Own Cargo Insurance?: Yes No



The Following Claim Documents need to be Submitted:

Commercial Invoice (actual cost of goods) Packing List

Photographs (important to determine claim) Repair Bills/Estimates
outer carton as well as damaged goods

Survey Report Other



Claimant's Signature: _____ Date: _____

Print Name: _____ Title: _____

General Time Limitations for Filing Claims (Always Refer to the Airbill or Bill of Lading for Specific Time Limitations):

- Claims for loss or damage must be filed in writing with Forwarder within 30 days after the date of acceptance of the shipment by BTX
- Claims for concealed loss/damage must be reported to the Forwarder in writing within 2 business days after the date of delivery, with privilege to the Forwarder to inspect the container(s) and contents within 15 days after receipt of such notice.
- No claim will be processed for payment until the air way bill is paid in full.