

Lost/Damage Information Form



E-Mail: info@shipafrika.com Web: www.shipafrika.com

Please review this form for IMPORTANT INFORMATION Make sure that the complete address of the shipper is listed below. Make a photocopy and retain for your records	Invoice Number	Date Shipped

Sender's Name/Company Name _____

Sender's Address _____ City _____ State _____ Zip Code _____

Indicate claim type:

Lost (*Shipment not delivered*) **Missing Contents** (*Shipment delivered with missing contents*)

Please provide items below to help with processing a claim:

- a.) Sales invoice and wholesale invoice for shipment to validate amount claimed
- b.) If item was purchased or sold via the internet/worldwide web, please provide all supporting documentation

Damage (*Physical damage sustained to the contents of the shipment*)

Please provide items below to help with processing a claim:

- a.) Sales invoice and wholesale invoice for shipment to validate amount claimed
- b.) If item was purchased or sold via the internet/worldwide web, please provide all supporting documentation
- c.) Repair invoice or salvage report, if applicable
- d.) If not repairable, a statement from a repair technician confirming the non-repairable condition

Declared value \$ _____	Total weight of original shipment	Total number of pieces in original shipment	No. of pieces Lost or Damaged	Claim Amount
Description of lost or damaged items				
Totals				

Senders Name (Print Name) _____ Signature _____ Date _____

_____ I hereby certify that the foregoing statement of facts is true and correct