
CLAIM FORM



DATE: _____

CLAIMANT: _____
Company Name

SHIPMENT NUMBER: _____

CONTAINER NUMBER: _____
(If applicable)

TRIPLE B INVOICE NUMBER: _____

MARKS & NO'S: _____

CASE NUMBER(S): _____

DESCRIPTION OF CLAIM: _____

AMOUNT OF CLAIM: _____

<p>QUERY NO:</p> <p>_____</p> <p>To be completed by Triple B Forwarders</p>
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NOTE:

Submission of this claim form to Triple B Forwarders does not guarantee acceptance of liability. All claims submitted to Triple B Forwarders are subject to review prior to approval or denial.

Please Email or Fax claims to Triple B Forwarders, ATTN: Patrick Tin (ptin@tripleb.com), FAX 310-604-8551