



P.O. Box 24348 • Seattle, WA 98124 • Tel (800)326-8346 • Fax (206)988-0058

FREIGHT CLAIM

CLAIMANT'S NAME	AML CLAIM #
ADDRESS	PRO NUMBER
CITY STATE ZIP CODE	VOYAGE #
TELEPHONE	PORT OF DISCHARGE
TYPE OF CLAIM: <input type="checkbox"/> Shortage <input type="checkbox"/> Pilferage <input type="checkbox"/> Damage <input type="checkbox"/> Concealed Damage	

SHOW BELOW DETAILED STATEMENT AS TO HOW CLAIMED AMOUNT IS DETERMINED

Pieces	Commodities (Lost or Damaged)	Cost Per Unit	Extended Cost	Weight	Freight Rate	Freight Claimed	=	Cost + Freight
							=	
							=	
							=	
							=	
						TOTAL AMOUNT \$ CLAIMED		

DETAILED STATEMENT OF DAMAGE

<p>Enclose with Claim: (1) Original Bill of Lading (2) Pictures of Damage (3) Original or Certified copy of your purchase invoice (4) Repair bill or estimate (on damaged shipments)</p> <p>And mail original of this claim to: Alaska Marine Lines, Inc. PO Box 24348 Seattle, WA 98124</p>	<p>I hereby certify that the foregoing is correct to the best of my knowledge belief.</p> <p style="text-align: center;">_____ _____ PRINT NAME DATE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">CLAIMANT SIGNATURE</p>
---	--

All services are subject to the standard terms and conditions of our Surface Transportation Board tariff (available at www.lynden.com/aml/100terms.htm) and the bill of lading published therein. By shipping with Alaska Marine Lines, Inc., you are acknowledging acceptance of those terms and conditions.