



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	

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

[illegible]

<p>Enclose with Claim:</p> <ul style="list-style-type: none"> (1) Copy of Bill of Lading (2) Pictures of Damage (3) Copy of your purchase invoice (4) Repair bill or estimate (on damaged shipments) <p>Email amclaims@lynden.com or mail this claim to: Alaska Marine Lines PO Box 24348 Seattle, WA 98124</p>	<p>I hereby certify that the foregoing is correct to the best of my knowledge.</p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;"> PRINT NAME DATE </div> <hr style="width: 100%;"/> <div style="text-align: center; margin-top: 10px;">CLAIMANT SIGNATURE</div> </div>
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All services are subject to the standard terms and conditions of our Surface Transportation Board tariff (available at www.lynden.com/aml) and the bill of lading published therein. By shipping with Alaska Marine Lines, Inc., you are acknowledging acceptance of those terms and conditions.