LYNDEN INTERNATIONAL
Lynden Air Freight, Inc.

Claims Department
P.O. Box 84167
Seattle, WA 98124

FREIGHT CLAIM

CLAIMANT'S NAME	LAF AIRBILL NO.
ADDRESS	AIRBILL DATE
CITY STATE ZIP CODE	YOUR REF. NUMBER (IF ANY)
TELEPHONE	FAX

SHIPMENT FROM: **SHIPMENT TO:**

SHIPPER'S NAME	CONSIGNEE'S NAME
ADDRESS	ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

CLAIM INFORMATION

PIECES	WEIGHT	REASON FOR CLAIM	CLAIM AMOUNT

DESCRIPTION OF COMMODITY	TYPE OF PACKAGING (CARDBOARD, WOOD, PAPER, TYPE OF INNER PACK)

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED. (NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC.)

Enclose with Claim:
(1) Copy of LAF Airbill
(2) Pictures of Damaged Shipment
(3) Original or Certified copy of your purchase invoice
(4) Repair bill or estimate (on damaged shipments)

Email/mail claim to:
LYNDEN AIR FREIGHT, INC.
Claims Department
P.O. Box 84167, Seattle, WA 98124
(800) 825-3255
claims@lynden.com

I hereby certify that the foregoing is correct to the best of my knowledge belief.

_____ _____ _____
PRINT NAME **Date**

_____
CLAIMANT SIGNATURE

Reset Form