



P.O. Box 24348 • Seattle, WA 98124 • Tel (800)326-8346 • Email amlclaims@lynden.com

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) Copy of Bill of Lading (2) Pictures of Damage (3) Copy of your purchase invoice (4) Repair bill or estimate (on damaged shipments)</p> <p>Email amlclaims@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> <p>_____ DATE</p> <p>_____ CLAIMANT SIGNATURE</p>
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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.