

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

HIGH J V'ENCKO "

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

UJ KRO GP V'HTQO <"' " " " " UJ KRO GP V'VQ<'

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

ENCKO 'KP HQTO CVKQP''

PIECES	WEIGHT	REASON FOR CLAIN	1	CLAIM AMOUNT		
DESCRIPTION OF	COMMODITY TYPE OF PACKAGING (CARDBOARD, WOOD, PAPER, TYPE OF INNER PACK)					
	DETAIL	ED STATEMENT SHOWING HOV	W AMOUNT CLAIMED IS DETERMIN	NED.		
(NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC.)						
Enclose with Claim:	 Copy of LYNL Airbill Pictures of Damaged Shi Original or Certified cop Repair bill or estimate (or 	y of your purchase invoice	I hereby certify that the foregoing is c belief. aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa		
Email/mail claim to:	LYNDEN LOGISTICS, INC. Claims Department P.O. Box 84167, Seattle, WA (800) 825-3255 CLAIMANT SIGNATUR claims@lynden.com''''''''''''''''''''	Е "				