



# CLAIM FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REASON FOR CLAIM:**  Damaged shipment  Import duty refund  Freight refund  Loss of cargo  
 Other

Please provide details:

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## OFFICE USE ONLY

### Amount to be Refunded

Import duty \_\_\_\_\_

Freight \_\_\_\_\_

Doc. Fee \_\_\_\_\_

Item Cost \_\_\_\_\_

**Total**      \$ \_\_\_\_\_

### Supporting Documents

Customer ASA invoice

Invoice from supplier

Customs declaration

Freight details

Photos

Other, \_\_\_\_\_

### Approval/Denial

Approved     Denied

Amount: \$ \_\_\_\_\_ Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method:  Cash     Cheque # \_\_\_\_\_     Account credit

## TO BE COMPLETED BY CUSTOMER

Received by, name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_