

PRIDE GLOBAL LOGISTICS LLC
CUSTOMER PRELIMINARY CLAIM STATEMENT

Claimants Information:

Claimants Name: _____

Address: _____

Claimants Reference # (Invoice #, po #, claim #, etc.): _____

Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Shipment Information:

Supplier's Name: _____

Consignee's Name: _____

Commodity: _____

Pieces: _____ Weight: _____ ETA: _____

Description of Loss:

Date of Loss: _____ Was shipment insured through PGL LLC? Yes No

Was this freight short or damaged: _____

Itemized/Detailed Statement showing how amount of claim is determined (number and description of articles, nature, and extend of loss or damage, invoice price of articles, amount of claim, etc.)

Amount of claim: _____

In addition to the information given above, the following documents are submitted in support of this claim

1. Commercial Invoice
2. Original pictures (if applicable)
3. Final Delivery Receipt, noting exceptions
4. Survey Report (if applicable)
5. Repair Estimates (if applicable)
6. Other particulars obtainable in proof of loss or damage claimed

To: **Pride Global Logistics LLC**
Attn: Cargo Claim Dept.
P.O. Box 91926
Elk Grove Village, IL 60009-1926
Tel: (773) 784-1600 Fax: (773) 784-1601 Email: dshake@pgl-llc.com

Signature of Claimant: _____

Today's Date: _____