



BTX Global Logistics - Cargo Claim Form
TO BE COMPLETED BY THE CLAIMANT

*Please Fax or Mail This Report with Supporting Documents to BTX Global Logistics
735 Bridgeport Avenue, Shelton, CT 06484
(203) 925-5905 or (877) 289-2471
(203) 925-5938 Facsimile*

Date of Report: _____ Your Ref. # _____
Company Name: _____ Contact: _____
Mailing Address: _____
Phone: _____ Fax: _____
Shipper: _____ Consignee: _____
Insured/Declared Value: _____ Invoice Amount: _____
Certificate of Insurance #: _____ BTX Airbill #: _____
Date of AWB: _____ From: _____ To: _____
Date of Delivery: _____ Date of Discovery: _____
Weight of the Damaged/Missing Goods: _____
Description of Shipment/Cargo (Container #, Number of Boxes, etc.): _____

Location of Goods: _____

Describe Damages: _____

Amount of Claim: \$ _____ Do You Have Your Own Cargo Insurance?: Yes No

The Following Claim Documents Have Been Submitted:

- BTX Airbill
- Commercial Invoice
- Packing List
- Delivery Receipt
- Photographs
- Repair Bills/Estimates
- Police Report
- Survey Report
- Other

Claimant's Signature: _____ Date: _____
Print Name: _____ Title: _____

General Time Limitations for Filing Claims (Always Refer to the Airbill or Bill of Lading for Specific Time Limitations):
• Claims for loss or damage must be filed in writing with Forwarder within 180 days after the date of acceptance of the shipment by BTX
• Claims for concealed loss/damage must be reported to the Forwarder in writing within 15 days after the date of delivery, with privilege to the Forwarder to inspect the container(s) and contents within 15 days after receipt of such notice.