



**First Report of Cargo Claim**

It is critical to complete and submit this form to Cargo Consolidators Agency Ltd Claims as soon as you become aware of a claim. Once we receive this completed form along with any supporting documents, we will promptly review them and notify you of any further information required to resolve the claim. The form should be scanned and emailed to [Insurance@cargotrinidad.com](mailto:Insurance@cargotrinidad.com)

**CLAIMANT INFORMATION**

Claimant Co. Name: \_\_\_\_\_ Claimant Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Shipper: \_\_\_\_\_ Consignee: \_\_\_\_\_

**CARGO INFORMATION**

Insured Value: US\$ Invoice Value: US\$  
 Carrier / Vessel: \_\_\_\_\_ B/L or AWB No. \_\_\_\_\_  
 B/L Date: \_\_\_\_\_ Date/Arrival: \_\_\_\_\_ Date/Delivery: \_\_\_\_\_ Date/Discovery: \_\_\_\_\_  
 Describe Shipment/Cargo (# of cartons/boxes): \_\_\_\_\_

**CLAIM INFORMATION**

Describe Loss / Damages: \_\_\_\_\_  
 \_\_\_\_\_  
 Current Location of Cargo: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Estimated Amount of Claim: US\$  
 Comments: \_\_\_\_\_  
 Date Claim submitted to CCA: \_\_\_\_\_

**Attached are documents in support of this claim:**

<input type="checkbox"/>	Proof of Insurance (i.e. Certificate of Insurance, Multiple Declaration, Stamped B/L, etc.)	<input type="checkbox"/>	<u>For Damage</u> : Photographs of damaged cargo (as well as photos of the packing materials, if available)
<input type="checkbox"/>	Copies of Ocean, Air and Inland Bills of Lading covering the entire shipment.	<input type="checkbox"/>	<u>For Damage</u> : Survey Report, if issued.
<input type="checkbox"/>	Copy of Commercial Sales Invoice covering the entire shipment.	<input type="checkbox"/>	<u>For Damage</u> : Repair Bills / Estimates (or salvage information if cargo is not repairable)
<input type="checkbox"/>	Delivery Receipts with exceptions of damage noted thereon.	<input type="checkbox"/>	<u>For Non-Delivery</u> : Confirmation of Non-Delivery from carrier (or "trace" records attempting to locate)
<input type="checkbox"/>	Claimant's Claim Statement, signed & dated, listing exact amount of loss.	<input type="checkbox"/>	<u>For Imports</u> : Customs Consumption Report listing entry number.
<input type="checkbox"/>	Copies of written claims against all carriers, holding them responsible for loss / damage.	<input type="checkbox"/>	<u>For Imports</u> : Customs Consumption Report listing entry number.