



CLAIM FORM

4025 Delridge Way SW, Suite 160 | Seattle, WA 98106 | phone: 800-347-0049 | fax: 206-957-5261 | www.bowhead.com

CLAIM #: _____

DATE: _____

CLAIMANT INFORMATION	
NAME OF CLAIMANT:	NAME OF CARRIER: Bowhead Transport CARRIER #: BWHD
ADDRESS:	ADDRESS: 4025 Delridge Way SW, Suite 160
CITY/STATE/ZIP:	CITY/STATE/ZIP: Seattle, WA 98106
PHONE:	PHONE: (800) 347-0049

CLAIM INFORMATION			
This claim for \$ _____ Is made against the carrier named above by _____ for:			
<input type="checkbox"/> Loss			
<input type="checkbox"/> Damage in connection with the following described shipment of paid Freight Bill (Pro) Number _____			
NAME OF SHIPPER:		FINAL DESTINATION-NAME OF CONSIGNEE:	
ADDRESS:		ADDRESS:	
SHIPPED FROM:	CITY, STATE:	VOYAGE #:	BOOKING #
TO:	CITY, STATE:	DATE OF B/L:	DATE OF DELIVERY:
IF SHIPMENT RECONSIGNED EN ROUTE, STATE DETAILS:			PO #

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.

LOST CARGO VALUE OR DAMAGE REPAIR COSTS	\$
COST OF FREIGHT	\$
TOTAL AMOUNT CLAIMED	\$

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

- Original bill of lading, if not previously surrendered to carrier
- Original paid freight bill
- Original invoice or certified copy
- Photographs that show extent of damage
- Other documents to show proof of loss or damage

Explain the absence of any documents listed in the items above: _____

INDEMNITY AGREEMENT	
When, for any reason, the original paid freight bill or bill of lading is not provided, claimant must indemnify carrier or carriers against possible duplicate claims supported by original documents.	
When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.	
I hereby certify the information submitted in this form, as true and correct.	
SIGNATURE _____	TITLE _____
DATE _____	

