



Damage or Loss Claim

Damage

Loss

Claimant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Shipment Date: _____ GSE Air Way Bill #: _____ Claim Amount: \$ _____

Shipment Description: _____

In support of your claim, the following documents are required:

- 1. A copy of the Global Source Expedited HAWB, along with proof of payment.
- 2. An original invoice or certified copy for the shipment.
- 3. An itemized and notarized statement of the loss.
- 4. A detailed written statement supporting the claim amount.
- 5. A Global Source Expedited Inc. inspection waiver or inspection report.

Shipper Information

Shipper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Consignee Information

Consignee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

PLEASE FAX THIS FORM TO: (855) 284-6199, Attention: Claims Dept.

OR MAIL TO: Global Source Expedited, 2302 W. Dolarway Road, Suite 3, Ellensburg, WA 98926

Completed By: _____ Title: _____

Email Address for future correspondence: _____