

Claimant #	
M.N.C. Claim #	

STANDARD FORM FOR PRESENTATION OF LOSS/DAMAGE CLAIMS			
This claim in the amount of \$\frac{\$\text{(Amount of claim)}}{(Amount of claim)}\$ is made against to \$\frac{1}{(Amount of claim)}\$ for \$\frac{1}{(Loss,Damage,Shortage)}\$.	he carrier named above by	(Name of Company)	
Container/Trailer Number			
Description Of Commodity			
Shipper NAME, CITY, STATE	Ship Date		
Consignee NAME, CITY, STATE	Delivery Date		
Matson Invoice #			
Description of How Claim Amount Was Determined (Number and description of articles damaged, nature and extent of loss/damage, invoice price, less salvage credits)			
Total Amount Claimed		\$	
To Support Your Claim, Please Provide The Following:  • Shipping Order (AKA Bill of Lading)  • Commercial Invoice for entire shipment  • Packing List for entire shipment  • Delivery Receipt showing exceptions taken by consignee	<ul> <li>Salvage Details</li> <li>Repair estimates or invoices</li> <li>Photographs of packing material and damaged goods before and after unloading container</li> <li>Survey Report, if amount of claim required survey</li> </ul>		
The forgoing statement of facts is hereby certified correct.  Name of Company	Questions Please Call Matson Navigation Company Claims Department: (510) 628- 4385 (e-mail) 1mncclaims@matson.com		
Name of Claim Preparer (please print)	-		
Mailing address	You may fax this form with all supporting documentation to: (510) 628-7382		
City, State, Zip Code	-		
Telephone / Fax #/E-mail Address	-		
We acknowledge receipt of your notice / claim in this office on  Please complete this claim form, attach the requested documents to support your claim, and forward to the below			

address.