



# STG Logistics Client Cargo Claim Form

Claim Amount (specify currency):

Is hereby filed for (check one):  Non-delivery  Shortage  Damage  Delay  Misrouted

Date filed:		<b>Claim Payable to:</b>	
STG Logistics Job No:		Company Name	
STG Logistics Job/Export date:		Address	
STG Logistics Order No.:	Date:	City/Town & State & Country	Zip / Postal Code
Claimant Reference No.:	Other Reference No.:		
Shipper		Consignee	
Address		Address	
City/Town & State & Country	Zip / Postal Code	City/Town & State & Country	Zip / Postal Code

**CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS DETERMINED. INCLUDE a COMPLETE DESCRIPTION OF LOST ITEMS; SIZE, COLOR, MARKINGS, ETC. (If more room is needed in this section, use an additional claim form to be included with the submission of this claim form.)**

Detailed Merchandise Description	Quantity	Merchandise Cost Each Unit	Total Merchandise Cost	Weight per Unit (kg or lb)	Total Weight of Merchandise (kg or lb)
<b>Total of Claimed Merchandise</b>					
<b>Any additional claimed amount</b>				<b>Specify Reason</b>	
<b>TOTAL OF CLAIM</b>		<b>Currency</b>			

Package type: <input type="checkbox"/> Cartons <input type="checkbox"/> Pallets <input type="checkbox"/> Crates Other: _____	Goods packed by: <input type="checkbox"/> Shipper <input type="checkbox"/> STG Logistics
Was the merchandise: New <input type="checkbox"/> Used <input type="checkbox"/>	
Do you have your own Marine/Cargo Insurance Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name of Insurance Carrier: _____
Did you purchase Declared Value with STG Logistics? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give declared value amount: _____

**NOTE: Claim should be supported by following documents. Failure to include sufficient documentation may be grounds for denial of your claim and may delay conclusion of the claim. STG reserves the right to request any additional documents not listed below.**

- STG Logistics Bill of Lading referenced above (Front and back copies)
- Commercial invoice(s) for entire shipment showing the cost of the goods being sold by Claimant to end Consignee
- Packing list for entire shipment with the weight of each individual item in the claimed shipment
- Signed Proof of Delivery (POD) from Consignee if applicable, or other delivery document
- Survey/Inspection report if survey/inspection held and location of where the product currently is held
- Pictures of damaged product that displays the damage, plus photos of the damaged shipping container.
- Repair estimate, if available and if not repairable, outline of what renders the product, non-repairable.
- Shippers' letter of Instruction (SLI) and correspondence pertaining to the shipment
- Certificate of Insurance, if shipment was insured and a certificate was issued
- Other documents to support claim: (att ached additional outline or sum mary)**

Remarks: \_\_\_\_\_

The statements contained in this claim form are hereby certified as true and correct.

Claimant's Company Name:	Tel No.:
Claimant's Contact Name (print):	E-Mail:
Claimant's Signature:	Date: _____ Fax No: _____

**Mail Claim to: STG Cargo Claims Department,**  
Email: [Claims@STGUSA.com](mailto:Claims@STGUSA.com)

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## **NOTICE:**

In the event of loss of or damage to Goods, however caused, 0.50 (fifty cents) per pound of the portion of the Goods lost or damaged, never to exceed \$50 per occurrence or shipment.

All services are provided pursuant to STG Logistics Terms and Conditions which may be reviewed at:

<http://www.stgusa.com/assets/pdf/terms-and-conditions.pdf>

If you would like to Declare a higher value for Goods shipped pursuant to this agreement in the future, please contact us and we will provide you with Rates for our Services with higher Liability limits.

Additional information can be found at [www.stgusa.com](http://www.stgusa.com)