



AIR SUPPORT, INC.

Form for Presentation of Loss and Damage Claims

Claimant: _____

Date Claim Filed: _____

Address: _____

Your Reference Number: _____

Email Address: _____

Claim Amount \$ _____ is made against Air Support, Inc.

by: _____ for Loss or Damage.

Name of Shipper: _____

Address: _____

Name of Consignee: _____

Address: _____

Reference Number: _____ Date of Claim: _____

Air Support, Inc. TAG Number (Required) _____

STATEMENT OF LOSS OR DAMAGE and number and description of articles, nature and extent of loss or damage, item number and invoice price of article, amount of claim, etc., and disposition of salvage, if any.

THIS CLAIM IS FILED BY THE OWNER OF THE MERCHANDISE WHO HAS LEGAL RIGHT TO COLLECT FOR THE LOSS OR DAMAGE THAT HAS OCCURRED TO THE SHIPMENT IN QUESTION.

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- 1) Original Bill of Lading
- 2) Original paid Freight Bill.
- 3) Original invoice
- 4) Copy of all invoices for replacement parts, material and labor incurred in repairs if applicable to claim.

ALL CLAIMS MUST BE FILED WITHIN 30 DAYS OF DATE OF DELIVERY. CARRIER HAS 60 DAYS IN WHICH TO CONCLUDE FROM DATE CLAIM IS RECEIVED. YOU MUST RETIAN ALL SALVAGE ON DAMAGE CLAIMS UNTIL DISPOSITION OF THE CLAIM IS KNOW.

The foregoing statement of facts is hereby certified to be correct:

Signature of Claimant: _____