

Claim Form

Please make sure to provide all supporting documents when submitting this claim form to:
hpl.claims.usa@hplapollo.com

CLAIMANT INFORMATION		
COMPANY NAME		
COMPANY REPRESENTATIVE NAME		COMPANY REPRESENTATIVE TITLE
COMPANY ADDRESS - STREET		CITY
STATE	ZIP CODE	COUNTRY
COMPANY PHONE NUMBER		COMPANY EMAIL

CLAIM DETAILED INFORMATION				
DATE OF INCIDENT			DATE OF NOTIFICATION TO HPL-APOLLO	
HPL-APOLLO REPRESENTATIVE NAME OF NOTIFICATION			HPL-APOLLO BRANCH	
MASTER AWB / BOL #			HOUSE AWB / BOL #	
QUANTITY	COMMODITY	WEIGHT	REASON FOR CLAIM	AMOUNT (USD)
NOTES				TOTAL (USD)
COMMENTS				
COMPANY REPRESENTATIVE NAME		COMPANY REPRESENTATIVE SIGNATURE		DATE