

Preliminary Cargo Claim Form

We are holding you responsible for the damages/loss suffered under your care and custody to the cargo referenced below. A formal claim will be forthcoming once we determine the quantity, loss of value and amount.

DATE	<input type="text"/>
CARRIER NAME	<input type="text"/>
MASTER BILL OF LADING #	<input type="text"/>
HPL APOLLO BRANCH	<input type="text"/>
HPL APOLLO AGENT	<input type="text"/>
HPL SHIPMENT #	<input type="text"/>
CONTAINER #	<input type="text"/>
TYPE OF CLAIM	<input type="text"/>

SHIPPER	<input type="text"/>	CONSIGNEE	<input type="text"/>
ADDRESS	<input type="text"/>	ADDRESS	<input type="text"/>
CITY,STATE	<input type="text"/>	CITY,STATE	<input type="text"/>
COUNTRY	<input type="text"/>	COUNTRY	<input type="text"/>

WEIGHT	<input type="text"/>	Kg <input type="radio"/>	Lb <input type="radio"/>	TOTAL PCS	<input type="text"/>
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COMMENTS

Kindly provide receipt confirmation of this Intent to File Claim to:
HPL APOLLO LLC 5330 W. 102 St. Los Angeles, CA 90045
SUBMIT BY EMAIL TO hpl.claims.usa@hplapollo.com