

Formal Claim Form

Please make sure to provide all supporting documents listed on the "Evidence of Damage or Loss" when submitting this form to: hpl.claims@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