

Preliminary Cargo Claim Form

We request and authorize HPL APOLLO to place a damage and/or loss claim against the carrier of the cargo referenced below. A formal claim will be forthcoming once we determine the quantity and value of the loss or damage.

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 Kg Lb TOTAL PCS

COMMENTS

Kindly provide receipt confirmation to: _____

Submitted by email to: hpl.claims@hplapollo.com