P.O. Box 24348
Seattle, WA 98124
Tel (800)326-8346
Fax (206)988-0058

FREIGHT CLAIM

CLAIMANT'S NAME	AML CLAIM #
ADDRESS	PRO NUMBER
CITY STATE ZIP CODE	VOYAGE #
TELEPHONE	PORT OF DISCHARGE
TYPE OF CLAIM: ☐ Shortage ☐ Pilferage ☐ Damage ☐ Concealed Damage	

SHOW BELOW DETAILED STATEMENT AS TO HOW CLAIMED AMOUNT IS DETERMINED

Pieces	Commodities (Lost or Damaged)	Cost Per Unit	Extended Cost	Weight	Freight Rate	Freight Claimed	=	Cost + Freight
							=	
							=	
							=	
							=	
						TOTAL AMOUNT $ CLAIMED		

DETAILED STATEMENT OF DAMAGE

Enclose with Claim: (1) Original Bill of Lading
(2) Pictures of Damage
(3) Original or Certified copy of your purchase invoice
(4) Repair bill or estimate (on damaged shipments)

And mail original of this claim to: Alaska Marine Lines, Inc.
PO Box 24348
Seattle, WA 98124

I hereby certify that the foregoing is correct to the best of my knowledge belief.

_____ _____
PRINT NAME DATE

_____
CLAIMANT SIGNATURE

All services are subject to the standard terms and conditions of our Surface Transportation Board tariff (available at www.lynden.com/aml/100terms.htm) and the bill of lading published therein. By shipping with Alaska Marine Lines, Inc., you are acknowledging acceptance of those terms and conditions.