

ELITeXPO

NON INSURED CLAIM FORM

ELITeXPO AIRBILL # : _____ ELITeXPO AIRBILL DATE: _____
CLAIM NUMBER: _____ CLAIM NOTIFICATION DATE: _____
CLAIM FOR: **Damage/Loss** (circle one)

CLAIMANT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT NAME: _____ PHONE NUMBER: _____

SHIPPED FROM: _____ SHIP DATE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

SHIPPED TO: _____ DELIVERY DATE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

Please complete the below in detail stating how the claim amount is determined. If more room is needed, please use the attached separate sheet. **PLEASE NOTE - There is NO COVERAGE for damage to packaging materials including: crates, cases and/or other types of packaging materials.**

1)	_____	WGT	_____	\$	_____
2)	_____	WGT	_____	\$	_____
3)	_____	WGT	_____	\$	_____
4)	_____	WGT	_____	\$	_____
TOTAL AMOUNT CLAIMED				\$	_____

TO SUPPORT AND COMPLETE THIS CLAIM, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Quote for repair and/or replacement.
- Clear photos of damaged materials.
- Original containers and packing materials must be held until this claim is complete. All claims are subject to inspection at carriers choice.
- Your claim will not be completed until all carrier charges are paid in full. Failure to pay carrier invoices and/or hold invoices against a pending claim is prohibited by law and will be pursued legally.

BY SIGNING BELOW I ACKNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT:

X

Signature of Claimant

Date

ALL CLAIMS, EXCEPT FOR OVERCHARGES, MUST BE MADE AND NOTIFIED IN WRITING WITHIN 30 DAYS AFTER THE DELIVERY OF SHIPMENT. ALL DOCUMENTATION REQUIRED TO SUPPORT A CLAIM MUST BE RECEIVED BY ECS WITHIN 90 DAYS AFTER WRITTEN NOTIFICATION OF CLAIM.

****MAKE A COPY OF THIS COMPLETED FORM FOR YOUR FILES AND RETURN THE ORIGINAL TO:****

ELITeXPO Cargo Systems, inc.
Attention: Claims Department
845 Commerce Drive
South Elgin, IL 60177