

**Cal Hono Freight Forwarders, Inc.**

**Submit Claims via mail or fax to:**  
 634 S Mission Road LA CA 90023  
 Fax: (323) 266-4627, Attn: [jason@calhono.com](mailto:jason@calhono.com)

**LOSS OR DAMAGE CLAIM**

**Date of Claim:** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**Claimant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Vessel Date:</b> _____	<b>Date Product Received:</b> _____
<b>Vessel/Voyage:</b> _____ / _____	<b>Container No:</b> _____
<b>Port of Loading:</b> _____	<b>Port of Destination:</b> _____
<b>Reason for Claim: Damaged</b> <input type="checkbox"/>	<b>Shortage</b> <input type="checkbox"/>

**CLAIM PROCESS & PROCEDURES**

**NOTE: CLAIMS FOR DAMAGED PRODUCT WILL NOT BE HONORED UNLESS THE PRODUCT IS SIGNED FOR AND GIVEN TO OUR AGENT, AMBER MADEIROS, PHONE: (808) 864-3118.**

In order to expedite processing and settlement of your claim, it is imperative that you forward to us the following documents. **A PHOTO clearly showing the nature and extent of the damage MUST accompany damage claims.** Our agent will take the photo for you IF she picks up the product in Honolulu.

- 1) Original Claim
- 2) Shipper/Vendor's Invoice
- 3) Receiving Report (Claimant)
- 4) Delivery Receipt (Cal Hono's Trucker)

Quantity	Product Description	Unit Price	Amount
	Ocean Freight		
<b>Total</b>			

<b>FOR COMPANY USE ONLY</b>			
<b>Reviewed By:</b> _____		<b>Date:</b> _____	
<b>Approved By:</b> _____		<b>Date:</b> _____	
<b>Amount:</b> _____	<b>Check No:</b> _____	<b>Date:</b> _____	
<b>Misc. Information:</b> _____			