

YLA Standard Form for Presentation of Loss and Damage Claims

Yusen Logistics (Americas) Inc. (YLA)
Claims Department
13901 Sutton Park Drive South
Suite C 270
Jacksonville, FL 32224
Phone: (904) 485-4000 or (800) 532-9618
Fax: (901) 260-8764
E-Mail: YLAClaims@us.yusen-logistics.com

Date Submitted: _____

Claimants Claim#: _____

This claim for \$ _____ is made with YLA by _____
(Amount of Claim) (Claimant)

For _____ in connection with the following described shipment:
(Loss or Damage)

YLA Freight Bill #: _____

Name and address of consignor: _____
(Shipper)

Name and address of consignee: _____
(Receiver)

Date of Bill of Lading: _____

Trailer of Intermodal Container #: _____

DETAILED STATEMENT OF INCIDENT AND HOW AMOUNT WAS DETERMINED

Total Amount Claimed \$ _____

To expedite your claim, please attach the following documents:

YLA freight bill, bill of lading, shippers invoice, proof of delivery, BOL, W-9 for the beneficial owner, any other docs. Although the validity of the claim has yet to be determined, please note that this company is unable to issue checks without a W-9 on file. It is the responsibility of the Claimant to provide a W-9. By my signature below I hereby affirm that I am authorized to sign as an officer of the company that is the beneficial owner of this claim, or that I represent the beneficial owner of the above claim and I agree to defend and hold harmless YLA from any other claimant against the above incident.

Signature of Claimant: _____

Title: _____
(The foregoing statement of facts is hereby certified true and correct)

Claimant's Name & Address: _____ Phone: _____
(Payment Address for Claimant)

_____ Fax: _____

_____ E-Mail: _____