

SAY CARGO EXPRESS, INC

STANDARD FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

We are filling a claim with Say Cargo Express, INC on a shipment identified as follows;

Say Cargo Express Airbill # _____ Date: _____

Mail To: Say Cargo Express, INC 700 E. Debra Lane Anaheim CA 92805 Or Fax To: (714) 772-7732 (PLEASE DO NOT FAX AND MAIL)	Claimant: (Type or Print) Company Name: _____ Attention _____ Address: _____ _____
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Our Claim is Filled for the following reason;

- SHORTAGE
 VISIBLE DAMAGE
 CONCEALED DAMAGE
 OTHER _____

Detailed statement showing how claim amount is determined, including number and description or articles, nature and extent of loss or damage, invoice cost of articles, amount of claim, ect.	
TOTAL AMOUNT CLAIMED (REQUIRED)	\$

As a minimum, you must support your claim by at least one document from each of the following categories. Failure to include necessary documents will delay settlement of your claim.

DOCUMENTATION OF TRANSPORTATION DOCUMENT

- COPY OF BILL OF LADING
 COPY OF PAID FREIGHT BILL

DOUCUMENTATION OF COST OF GOODS

- ORIGINAL VENDOR INVOICE (REQUIRED)

DOCUMENTS THAT SUPPORT SHORTAGE OR DAMAGED OCCURRED

- INSPECTION REPORT
 CONSIGNEE COPY OF DELIVERY RECIEPT WITH SHORTAGE OR DAMAGE NOTED BY A SAY CARGO EXPRESS DRIVER
 DESCRIPTION OF SHORTAGE OR DAMAGE (INCLUDING PHOTOGRAPHS)
 REMARKS: _____

OTHER SUPPORTING DOCUMENTS

- ORIGINAL REAR INVOICE
 RECORD OF DISCOUNTED SALE

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

PREPARER'S NAME: _____ PHONE # () _____ FAX# () _____

SIGNATURE: _____ DATE: _____