TOTE MARITIME ALASKA: LOSS & DAMAGE CLAIM FORM

Remit to:
TOTE Maritime Alaska
ATTN Claims: 500 Alexander Ave
Tacoma, WA 98421
P: 253-238-8491  F: 253-238-8418
claimsak@totemaritime.com

or
TOTE Maritime Alaska
ATTN Claims: 2511 Tidewater Rd
Anchorage, AK 99501
Anc.claims@totemaritime.com

Claimants Name

_______________________

Date Filed

_______________________

Claimants address

_______________________

Shipper

_______________________

City, State, Zip

_______________________

C onsignee

_______________________

Phone

_______________________

TOTE voyage & booking number

_______________________

VIN/Trailer number

Claimant reference #

Claimant name & mailing address where correspondence/ payment is to be sent if different than above

Statement of loss or damage:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Total amount claimed $________________________

The following documents are submitted in support of claim:

[ ] Bill of Lading and/ or inspection paperwork
[ ] Copy of paid freight bill
[ ] Copy of invoice of repair, wholesale or supplier invoices
[ ] Other particulars obtainable in proof of loss or damage claimed
[ ] Vehicles: 2 estimates of repair.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/ or original freight bill are not submitted

Claimant signature:________________________