Pacific Coastal™ CARGO

Cargo Claim Form / Cargo Loss or Damage

Air Waybill Number: _____

Date of Issue on Air Waybill: _____

Name of Claimant: _____

Company: _____

Mailing Address: _____

City and Province: _____ Postal Code _____

Telephone Number: _____

Goods Lost or Damaged: Damage ☐ Loss ☐ Pilferage ☐

Number of Pieces Received: _____

Number of Pieces Lost/Damaged/Pilfered (Itemize Below): _____

Quantity	Description	Purchase Cost	Repair Cost	Amount of Claim

Total Amount of Claim _____

Notification of loss or damage was given to _____

( ) Airline Representative at (Place) _____ On (Date) _____

by, ( ) Phone _____ or ( ) Letter _____ or ( ) other _____

PLEASE ENSURE THAT YOUR CLAIM INCLUDES THE DOCUMENTS INDICATED ON THE INSTRUCTION SHEET, FAILURE TO PROVIDE ALL ESSENTIAL DOCUMENTS COULD DELAY THE PROCESSING OF YOUR CLAIM.

Attach **ORIGINAL** or **CERTIFIED COPY** of the air waybill.

The forgoing statement of facts is hereby certified to as being correct

_____ _____

Signature of Claimants or Claimants Representative Date

_____

Position Title of Claimants Representative

SEE PAGE 2 TO ADD NOTES

Pacific Coastal™ CARGO

Cargo Claim Form / Cargo Loss or Damage

OFFICE USE ONLY	
Approved Yes ☐ No ☐ Approved by _____ Signature Approved Reimbursement (C.A.D.) _____ Explanation :	
Declined by _____ Signature	

Additional Customer Notes :

The forgoing statement of facts is hereby certified to as being correct

_____ _____
Signature of Claimants or Claimants Representative Date

_____
Position Title of Claimants Representative

Forward your claim to the address, fax number, or email address below:

Pacific Coastal Airlines Cargo Claims
204-4440 Cowley Crescent
Richmond, B.C
V7B 1B8
Fax 604-273-2425
cargoclaims@pacificcoastal.com