

**T.G.D. Consolidations - France
CLAIM PRESENTATION/PROCESSING FORM**

TYPE OF CLAIM: / / Loss / / Damage / / Shortage

Other: _____

SHIPPER:

CONSIGNEE:

TGD BILL OF LADING NO. _____ : VOYAGE: _____

DATE OF SHIPMENT: _____

Detailed statement showing how amount claimed is determined.
(Number and description of articles, nature, and extent of loss and damage, invoice price of articles, amount of claim, etc.)

See attached self-explanatory letter from claimant / / TOT. AMT. CLAIMED: US\$ _____

In addition to the information given above, the following documents are to be submitted in support of this claim.

- Original bill of lading or non-negotiable copy marked 'Express Release' / Air-WayBill **(REQUIRED)**
- Original invoice or copy of same **(REQUIRED)**
- Copy of packing slips (if available)
- Copy of repair estimate, and/or salvage value of the damaged item/s **(REQUIRED)** on damaged, not total loss situations)
- **Survey report (if available)**
- **Gate pass, dock receipt, etc. denoting exceptions (REQUIRED)**

The foregoing statement of facts is hereby certified as being true and correct.

(SIGNATURE OF CLAIMANT)

CLAIM FOR ACCOUNT OF:
CONSIGNEE / /
SHIPPER / /

MAIL COMPLETED ORIGINAL CLAIM FORM TO:
T.G.D. Consolidations
BP 554
76058 Le Havre cedex
FRANCE

TGD USE ONLY – DO NOT WRITE IN THIS AREA

CLAIM APPROVED / / CLAIM DENIED / / BY: _____
(PERS APPROVING MANAGER)

IF APPROVED, PAYOUT AMOUNT: US\$ _____

PAID BY CHECK NO.: _____ DATED: _____

REASON FOR DENIAL: _____

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(Instruction Sheet)

1. **Type Of Claim:** Select or briefly describe.
2. **Shipper:** State shipper's name and address.
3. **Consignee:** State consignee's name, address and telephone number.
4. **TGD Bill Of Lading or AirWayBill:** Enter bill of lading number that covered the transportation of merchandise which claim is being filed on.
5. **Voyage:** Enter the voyage number of flight n°. This is located next to the bill of lading number on the bill of lading.
6. **Date of shipment:** Enter the date of the bill of lading.
7. **Detailed statement:** Enter a description of claim being filed –or- check off the “See attached self-explanatory letter from claimant” box and submit **ORIGINAL** letter along with all claim forms. Statement must make clear what is being claimed, why and how the total amount was calculated.
8. **Total Amount Claimed:** Enter the amount sought from claim.
9. **Documents:** Submit all pertinent documents in order to process claim in the fastest possible manner. Some documents are **REQUIRED** and must be submitted if claim is to be considered. Should there be any doubts, please contact T.G.D. Consolidations-France at (33)2 35 51 02 00 and ask for the Office Manager. Faxes can be sent to (33) 2 35 51 63 77 or, if so desired, send an e-mail to Postmaster@tgd.fr. **FAILURE TO SUPPLY REQUIRED DOCUMENTS COULD BE A BASIS FOR DENIAL OF CLAIM.**
10. **Signature Of Claimant:** Signature of claimant. **FAILURE TO SIGN WILL BE A REASON FOR DELAYING/DENYING CLAIM.**
11. **Claim For Account Of:** Select the status that describes the claimant. This also determines whom disbursements will be made to.