Hellmann Worldwide Logistics, Inc.
USA Headquarters
10450 Doral Boulevard, Miami, FL 33178
+1 800 999 9905 ext. 4551
claims@us.hellmann.net

Print Form Submit Form

hellmann Worldwide Logistics

PRELIMINARY CARGO CLAIM FORM

Please complete and submit the following "Preliminary Claim Form"

DATE:

CARRIER NAME:

FROM BRANCH:

CARRIER FAX/E-MAIL:

HELLMANN REP:

We are holding you responsible for the damages/loss suffered under your care and custody to the cargo referenced below.
A formal claim will be forthcoming once we determine/quantify the loss value/amount.

SHIPMENT NUMBER (HELLMANN REFERENCE):

MASTER BILL OF LADING NUMBER:

CONTAINER NUMBER:

HOUSE BILL OF LADING:

TYPE OF CLAIM: -

SHIPPER:		CONSIGNEE:	
COUNTRY:		COUNTRY:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	-	STATE:	-
ZIP CODE:		ZIP CODE:	

WEIGHT: lb kg

TOTAL PIECES:

COMMENTS:

Kindly provide receipt confirmation of this preliminary notice to:

Hellmann Worldwide Logistics, Inc.
Claims Department
+1 800 999 9905 ext. 4551
claims@us.hellmann.net