

**Blue's & Blue's LTD.**

**Mutty's Pride**

**Agent: Saba C-Transport, N.V.**

**CLAIM FORM**

Please complete this claim form and return along with a copy of the merchant invoice(s).

Consignee: \_\_\_\_\_

Shipper: \_\_\_\_\_

Bill Lading No.: \_\_\_\_\_ Shipping Date: \_\_\_\_\_

Date Reported : \_\_\_\_\_ Time Reported: \_\_\_\_\_

Reported to: Blues & Blues/Saba C-Transport N. V. Representative Name: \_\_\_\_\_

Claim Submitted By: \_\_\_\_\_ Claim Submitted Date: \_\_\_\_\_

Merchant Invoice(s) Submitted:  Yes  No Via:  Email  Fax  In person

Value of Cargo Claiming: \$ \_\_\_\_\_ Insured:  Yes  No

Cargo Status:  Missing  Damaged  Remained on board  In Statia  Other

Cargo Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Undersigned hereby acknowledges amount received of cargo claimed as referenced above:*

PAYMENT/CREDIT Received By: \_\_\_\_\_ X \_\_\_\_\_  
Print Name Signature

**TO BE COMPLETED BY AGENT ONLY:**

Cargo Status:  Received  Replaced  Not found  Other: \_\_\_\_\_

Claim Submitted to Blues & Blues, LTD. Claim Approved  Yes  No By: \_\_\_\_\_

Notes: \_\_\_\_\_

**INTERNAL USE ONLY:**

Claim Processed Date: \_\_\_\_\_

Amount Credits: \$ \_\_\_\_\_  Amount Paid: \$ \_\_\_\_\_  Amount deducted: \$ \_\_\_\_\_

Claim Settled:  Yes  No  Entered into QB as Expense SCT Representative: \_\_\_\_\_