

Cal Hono Freight Forwarders, Inc.

Submit Claims via mail to:
10615 Ruchti Road, South Gate, CA 90280
Attn: denny@calhono.com

LOSS OR DAMAGE CLAIM

Date of Claim: _____ Claim Number _____

Claimant: _____

Address: _____

City, State, Zip _____

Contact Name: _____ Title: _____

Phone No: _____ Email: _____

Vessel Date: _____ Date Product Received: _____

Vessel/Voyage: _____ / _____ Container No: _____

Port of Loading: _____ Port of Destination: _____

Reason for Claim: Damaged ☐ Shortage ☐

CLAIM PROCESS & PROCEDURES

NOTE: CLAIMS FOR DAMAGED PRODUCT WILL NOT BE HONORED UNLESS THE PRODUCT IS SIGNED FOR AND GIVEN TO OUR AGENT, CHIN LEE, PHONE: (808) 220-1204.

In order to expedite processing and settlement of your claim, it is imperative that you forward to us the following documents. **A PHOTO clearly showing the nature and extent of the damage MUST accompany damage claims.** Our agent will take the photo for you IF she picks up the product in Honolulu.

- 1) Original Claim
- 2) Shipper/Vendor's Invoice
- 3) Receiving Report (Claimant)
- 4) Delivery Receipt (Cal Hono's Trucker)

Quantity	Product Description	Unit Price	Amount
		Total	

FOR COMPANY USE ONLY

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Amount: _____ Check No: _____ Date: _____

Misc. Information: _____