

TOTE MARITIME ALASKA: LOSS & DAMAGE CLAIM FORM

REMIT TO:

Anc.claims@totemaritime.com	AND	Claimsak@totemaritime.com
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Claimants Name

Date Filed

Claimants address

Shipper

City, State, Zip

Consignee

Phone

TOTE voyage & booking number

VIN/ Trailer number

Claimant reference #

Claimant name & mailing address where correspondence/ payment is to be sent if different than above

Statement of loss or damage:

Total amount claimed \$ _____

The following documents are submitted in support of claim:

- Bill of Lading and/ or inspection paperwork
- Copy of paid freight bill
- Copy of invoice of repair, wholesale or supplier invoices
- Other particulars obtainable in proof of loss or damage claimed
- Vehicles: 2 estimates of repair.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/ or original freight bill are not submitted

Claimant signature: _____

QUESTIONS

Alaska Claims: [Claims entry](#) 907-265-7230

Tacoma: [Claims entry and processing](#) 253-238-8491