



Submit the following for us to process

Waybill

Formal Claim Letter

Invoice

Return to: Claims Officer

27 N. S. Amoranto (formerly Retiro St.) Quezon City

Tel. No.: (02) 416-7801

Email to: claims@pambato.com

Claim No. \_\_\_\_\_

**CLAIM FORM**

DATE: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**SHIPMENT DETAILS:**

WAYBILL NUMBER: \_\_\_\_\_

WAYBILL DATE: \_\_\_\_\_

SHIPPER: \_\_\_\_\_

SHIPMENT ORIGIN: \_\_\_\_\_

CONSIGNEE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DECLARED VALUE: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

**DAMAGE/LOSS REPORT**

CLAIM AMOUNT: \_\_\_\_\_

DAMAGE

LOST

BROKEN

DENTED

STAINED

LEAKAGE

SHORTLANDED

WET

PILFERAGED

Others Specify: \_\_\_\_\_

**OVERVIEW OF DETAILS OF CLAIM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INVESTIGATED BY: \_\_\_\_\_

APPROVED AMOUNT OF CLAIM: \_\_\_\_\_

DATE INVESTIGATED: \_\_\_\_\_

APPROVED FOR PAYMENT BY: \_\_\_\_\_

Alfonso G. Garcera

REMARKS: \_\_\_\_\_

GENERAL MANAGER: \_\_\_\_\_

Ariel F. Ignacio

DATE APPROVED: \_\_\_\_\_

ENDORSED TO/DATE: \_\_\_\_\_