

CARGO CLAIM
(損害賠償請求書)

Date: (書式作成年月日) _____

To: **Federal Express Corporation**

Air Waybill # (航空運送状番号) _____ Dated (発送日) _____

Shipper Name: (荷送人の氏名、名称) _____

Consignee Name: (荷受人の氏名、名称) _____

Claim is hereby made for the sum of (請求金額) _____ for LOSS DAMAGE or DELAYED DELIVERY (事故の種類/ 滅失・毀損・延着) of or to the articles shipped under the above air waybill.

Our financial loss is itemized below: (各種請求書、修理明細書などの内訳)

Item: _____ Amount: (請求金額) _____

Total: _____

The undersigned herewith certifies that the foregoing facts are true and correct.

CLAIMANT

Signature: (署名) _____

Name: (荷送人または荷受人の氏名、名称) _____

Address: (住所) _____

Bank Account Holder (銀行口座名義をカタカナでご記入ください)

Bank Account No: (金融機関コード4桁、店番号3桁、口座番号7桁) _____

Checking / Saving: (当座または普通) _____

Bank Name (Branch): (銀行名と店名をカタカナでご記入ください) _____