



P.O. Box 28741, BWI Airport, MD 21240
Phone (410) 590-1234 / (800) 274-1237 Fax 410-768-9452

First Report of Cargo Claim

It is critical to complete and submit this form to Air Freight Plus as soon as you become aware of a claim. Once we receive this report along with any supporting documents, we will promptly review them and notify you of any further information required to settle the claim.

Date of Report: _____ Your Reference No.: _____

Customer Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

AFP Reference No.: _____

Shipper: _____ Consignee: _____

Insured Value: _____ Invoice Amount: _____

Date of Delivery: _____ Date of Arrival: _____

Date Loss/Damage Discovered: _____

Describe Shipment/Cargo (Container No., No. of Boxes, etc.): _____

Describe Loss of Damages: _____

Estimated Claim Amount: _____

Location of Goods (if physical exam is required): _____

Comments: _____

Please email to claims@afplus.com or fax completed copy to (410) 768-9452.

Thank you for submitting this report promptly.
Contact your AFPlus Claims Representative with any questions.