

CUSTOMER CLAIM PROCEDURE

APLL will promptly assist its customers with claims for loss or damage to a customer's goods while in transit or in APLL care and custody following the receipt of all required documents and proof. Only one incident should be submitted with each claim form.

Requirements for APLL Claim Procedure:

1. **NOTIFICATION** - Cargo interest must immediately notify its own insurance carrier and APLL upon determining that cargo loss or damage has occurred. *Please provide APLL with evidence of notice to your insurer and a Certificate of Insurance for your cargo insurance company.*
2. **SUBMISSION** - Provide details of loss or damage within the time specified in your APLL contract, generally before or at the time of receipt of goods or, if the loss or damage was not previously apparent, upon discovery. *Final claims must be filed in English (and local language if required), and be received by APLL in accordance with the terms of your APLL service contract or applicable tariff.*

Email all notices and documentation to APLL_Claims@aplogistics.com, and **include the completed APLL Customer Claim Submission Form**. *Identify Company/Claimant name and date of loss in email Subject line.*

3. **CONCEALED DAMAGES** - Notification must be received immediately upon discovery, but no later than 72 hours from time of receipt of the unit to determine if a survey is required by APLL and the insurance carrier of the cargo interest. APLL always reserves the right to survey the cargo; this survey is strictly for APLL's internal use only and will not be shared.
4. **REQUIRED DOCUMENTS** - Prior to receiving APLL consideration of your claim, you must submit the following documentation. Please provide as much documentation as possible into one e-mail.
 - a. **Statement of claim - claimed US\$ value and how the loss amount was determined and calculated.**
 - b. **Original bill of lading or applicable contract of carriage, shipping document and container numbers.**
 - c. **Proof of loss - notating loss/damage did not previously exist at port of loading, include photos.**
 - d. **Commercial invoice (from supplier or purchase) and packing list or dock receipt.**
 - e. **Origin inspection report, condition report, or survey, if applicable.**
 - f. **Destination inspection report, condition report, or survey, if applicable.**
 - g. **Police report, if applicable.**
 - h. **Repair invoice, if applicable.**
 - i. **Subrogation receipt.**
 - j. **Power of Attorney or Letter of Authorization if the party claiming APLL is not the shipper or consignee on the APLL Bill of Lading or applicable contract of carriage.**

It is the responsibility of the cargo interest to take all necessary steps to mitigate the loss, which must include segregation of sound cargo from damaged cargo and/or salvage the cargo, if feasible.

If the Final Claim has not been acknowledged by APLL within fifteen (15) business days of submission, contact your Region Risk contact as follows:

Region	Name	Phone	Email
Americas	Steve Klone	1 661 236-4330	Steve_klone@aplogistics.com
EMEA	Eckhard Boecker	49-0172-4045134	Eckhard_boecker@aplogistics.com
Asia	Li Ping Ooi	+65 9113 7292	li_ping_ooi@aplogistics.com

To find APLL Terms and Conditions [select here](#).

Receipt/acknowledgement of preliminary and formal claims is not an admission of liability and is made WITHOUT PREJUDICE to any defenses available to APLL under the contract of carriage (if applicable), any applicable tariffs, any relevant service contracts, and under all applicable law, none of which is waived.



CUSTOMER CLAIM SUBMISSION FORM

E-mail this form and required documentation to APLL_Claims@aplogistics.com

1. CLAIMANT INFORMATION

Company Name:			
Reporter's First Name:		Last Name:	
Address 1:			
Address 2:			
Address 3:			
City:		State:	
Postal Code:		Country:	
Phone:		Ext:	
Your E-mail Address:			
APLL Representative:			

2. SHIPMENT INFORMATION

Bill of Lading Number:		Customer Reference No.:	
Container Number:			
Cargo Delivery Date:			
Where are the Goods Now?	Choose an item.		
Address of Goods:			
Possessor's Contact Name:			
Contact E-mail:			
Contact Phone:			

3. CLAIM INFORMATION

Claim Status:	Choose an item.		Claim Type:	
Claim Date:	Click or tap to enter a date.		Date of Loss:	Click or tap to enter a date.
Total Claim Amount (USD):				
Is your Loss Insured?	Choose an item.	Do you Purchase Insurance with APL Logistics?	Choose an item.	
PO / Invoice #:	Item #	# of Pieces:	Item Description:	Amount (USD):



A member of the KWE Group

Describe the Situation:

4. SUPPORTING DOCUMENTATION

The following Documents must be submitted to APL Logistics before a claim will receive consideration:

Document	Attached
a. Statement of claim - claimed US\$ value and how the loss amount was determined and calculated.	Choose an item.
b. Original bill of lading or applicable contract of carriage, shipping document and container numbers.	Choose an item.
c. Proof of loss - notating loss/damage did not previously exist at port of loading, including photos.	Choose an item.
d. Commercial invoice (from supplier or purchase) and packing list or dock receipt.	Choose an item.
e. Origin inspection report, condition report, or survey, if applicable.	Choose an item.
f. Destination inspection report, condition report, or survey, if applicable.	Choose an item.
g. Police report, if applicable.	Choose an item.
h. Repair invoice, if applicable.	Choose an item.
i. Subrogation receipt.	Choose an item.
j. Power of Attorney or Letter of Authorization if the party claiming APLL is not the shipper or consignee on the APLL Bill of Lading or applicable contact of carriage.	Choose an item.

The undersigned affirms they are authorized and entitled to file a claim on behalf of the named claimant listed on this form in compliance with statutory requirements and contractual terms, and that all information provided is true and correct to the best of their knowledge and belief; and, the information provided on this form represents a claim of loss for a single event/occurrence responsible for the alleged loss (a separate claim for is required for each loss event).

AUTHORIZED CLAIMANT/3rd PARTY : _____

CLAIMANT AUTHORIZED SIGNATURE: _____ PRINTED: _____

SIGNER'S TITLE: _____