## Place Your Letterhead Here

## **Letter Of Intent To File Carrier Claim**

10:	Date:
(Name of Carrier/Carrier Agent)	
	FAX #
(Address)	<u> </u>
RE: Letter of Intent to File Claim on	2577CARGOINE.
MB/L or MAWB:	Vessel:
MB/L /MAWB Date:	
HB/L No:	_
Date of Arrival:	Date of Discharge
Gentlemen:	
	age has occurred to the shipment described above for will be forthcoming as soon as all relevant information
If you wish to examine the shipment, or have any qu	uestions please contact:
(Nam	ne)
(Addre	255)
(Phone No.	umber)
Please acknowledge receipt of this letter below and OS&D Report, if completed.	provide us with copies of your delivery receipt and
	Sincerely,