



# ZAI CARGO

International Courier & Logistics

## FORMULARIO DE RECLAMACION CLAIM FORM

Fecha / Date:

|                                   |               |                                 |               |                                   |  |  |  |
|-----------------------------------|---------------|---------------------------------|---------------|-----------------------------------|--|--|--|
| Remitente / Sender:               |               |                                 |               | Destinatario / Receiver:          |  |  |  |
| Dirección / address:              |               |                                 |               | Dirección / address:              |  |  |  |
| Ciudad / City:                    |               | Zip code:                       |               | Ciudad / City:                    |  | Zip code:  |  |
| País / Country:                   |               | Teléfono / phone:               |               | País / Country:                   |  | Teléfono / phone:  |  |
| Dirección E-Mail / Email address: |               | Celular / Mobile:               |               | Dirección E-Mail / Email address: |  | Celular / Mobile:  |  |
| Guía manual / Writen receipt:     |               | Guía sistemas / System receipt: |               | Peso / weight:                    |  | Recibida / Received:                                     |  |
| <b>Seguros / Insurance</b>        |               | <b>Impuestos / Taxes</b>        |               | Dimensiones: Largo x Alto x Ancho |  | Perdida parcial / Partial lost: <input type="checkbox"/> |  |
| Declarado / Declared              | Pagado / paid | Declarado / Declared            | Pagado / paid | Dimensions: long x Height x Wide  |  | Perdida total Total lost: <input type="checkbox"/>       |  |
|                                   |               |                                 |               |                                   |  | Dano / Damage: <input type="checkbox"/>                  |  |

**Descripción de la reclamación / Description claim:**

**Descripción de los artículos / item descriptions:**

| Artículo / Item: | Cantidad<br>Quantity: | Valor unitario unit<br>price: | Valor total<br>Price | Total |
|------------------|-----------------------|-------------------------------|----------------------|-------|
|                  |                       |                               |                      |       |
|                  |                       |                               |                      |       |
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|                  |                       |                               |                      |       |
|                  |                       |                               |                      |       |
|                  |                       |                               |                      |       |

Gran Total  
Grand Total

Agosto 13 de 2010

Firma del remitente / Sender Signature:

Nombre del remitente / Name Sender: