



Claim Statement

We apologize for any inconvenience which has given rise for this claim to be filed. Currently we are making modifications to our website to enable you to file claims online. We apologize for this delay.

Please provide the following information to begin your claims process.

HBL Number:
Claim is for: Shortage Loss Concealed Damage Damage

Commodity type:
Contact Name for Claimant:
Contact Phone:
Contact Email:
Claim Amount:

Company Name:
Company Address:
Company Country:

Shipper Name:
Shipper Address:
Shipper Country:

Consignee Name:
Consignee Address:
Consignee Country:

Your claimant contact will receive a list of requested documents via the email provided above once this information has been provided.

Thank you again and we appreciate your patience as we work to resolve this situation.

Please Fax or Email this completed form to:

FAX: 425-943-4581
claims@radiantdelivers.com