CLAIM FORM

SOUTHWEST AIRLINES® CARGO
swacargo.com

AIRBILL NO.	AIRBILL DATE	FLIGHT/DATE RECEIVED	DATE OF PICK-UP OR DELIVERY
SHIPPER	TELEPHONE	CONSIGNEE	TELEPHONE
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP CODE	STATE	ZIP CODE

NO PCS. SHIPPED	WEIGHT	NO PCS. REC.	DESCRIPTION ON AIRBILL	ACTUAL CONTENTS

ORIGIN	DESTINATION	NATURE OF CLAIM (PLEASE √) ☐ LOST ☐ VISUAL DAMAGE ☐ CONCEALED DAMAGE

SHIPPING CONTAINER

- ☐ CARDBOARD BOX/CARTON
- ☐ WOOD BOX/CRATE
- ☐ CANISTER
- ☐ LUGGAGE
- ☐ BUNDLE
- ☐ NONE
- ☐ NEW
- ☐ USED
- ☐ OTHER_____

CONTAINER DEFECTS

- ☐ TORN
- ☐ PUNCTURE
- ☐ CRUSHED
- ☐ SEAMS OPEN
- ☐ BANDS LOOSE
- ☐ WET
- ☐ STAINED
- ☐ DENTED
- ☐ NO DEFECTS

INNER PACKAGING

- ☐ CORRUGATED LINERS/DIVIDERS
- ☐ EXCELSIOR
- ☐ SHREDDED PAPER
- ☐ WOOD BRACING
- ☐ FITTED CASE
- ☐ INDIVIDUAL BOXES
- ☐ BOTTLES/JARS
- ☐ NONE
- ☐ OTHER_____

(PLEASE √ ALL APPLICABLE ITEMS)

MERCHANDISE CAN BE: (PLEASE √) ☐ REPAIRED ☐ SALVAGED ☐ USED AS IS	ESTIMATED REPAIR COST $	DECLARED VALUE $	SHIPPERS INSURANCE $

WAS THERE NOTICEABLE DAMAGE TO THE SHIPMENT? ☐ YES ☐ NO IF YES, DID CONSIGNEE NOTE EXCEPTIONS ON DELIVERY COPY OF AIRBILL? ☐ YES ☐ NO	SWA AGENT'S COMMENTS:
CONSIGNEE'S (OR HIS AGENT'S) SIGNATURE JOB TITLE	LOSS OR DAMAGE REPORTED TO: (REPRESENTATIVE) L0CATION DATE

THE ABOVE IS NOT A CLAIM NOR LEGAL NOTIFICATION OF INTENT TO FILE A CLAIM – BELOW PORTION TO BE COMPLETED BY CLAIMANT

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC.)

TOTAL AMOUNT OF CLAIM $

TO FILE A CLAIM SEND:	TO:	CLAIMANT'S NAME (PLEASE PRINT) TELEPHONE
• THIS FORM COMPLETED • ORIGINAL INVOICE FOR GOODS • INVOICE FOR REPAIRS • A COPY OF AIRLINE AIRBILL	SOUTHWEST AIRLINES CO. CARGO CUSTOMER CARE CENTER P.O. BOX 36611, HDQ/3CS DALLAS, TX 75235-1611 FAX: (214) 792-4199	CLAIMANT'S SIGNATURE DATE