



713 Luce Ave. Suite B

Stockton, CA 95203

Fax #: (209)943-2821

Email: Claims@silkroadexclusive.com

Claim form

Claim Date: _____

Company Name: _____ Contact Name: _____

Contact #: _____ Fax #: _____

Email: _____ Invoice #: _____

Date of delivery: _____ Item(s) #: _____

Claim amount: _____ Shipment cost: _____

Please check one:

Loss Damage Repair

Loss or Damage descriptions: _____

Request or Repair Statement:

Please include the following documents. Documents are required for submitting your claims.

Invoice Bill of lading Four clear pictures of damage item(s)
*pictures can be email to the email above.

Print Name: _____ Signature: _____

***NOTE* Please allow 30 days from claim date filed for your claim to be conclude.**

Please fax or email your claim ONLY.