



(888) 217-7181 • www.orionaircargo.com

Claim # _____

Claimant: _____

Claim date: _____

Address: _____

City, State, Zip: _____

Consignee: _____

City, State, Zip: _____

Orion Airway Bill # _____ Ship Date _____

Total pcs & wt: __ @ __

Insurance Purchased: Y or N Amount: _____

Claim Amount: \$ _____ Description of damage: _____

Pieces and weight	Description	Amount
		\$
Freight Charges	(Orion will complete)	

*Claim Total _____
(Orion will complete)

Documents needed to process claim.
(explain absence of any requested document)

- Certified copy of Invoice for lost/damaged goods
- Certified copy of any repair order
- Verification that items cannot be repaired.

Signature: _____ Date: _____

Keep all packing material until claims has been completed.

Orion Air Cargo Claims Department
Fax# 651-204-2867