



# COMMERCIAL TRADE DISPUTE FORM

— COME GROW WITH US..!!

## STEP-1

### DECLARATION

To,  
Executive Director,  
Asian Exporters' Chamber of Commerce and Industry,  
Navi Mumbai - India

Dear Sir/Madam,  
I further state that, although i have the right to present this matter to the Chamber of Commerce in this state, I wish to waive this right and submit my case to the "Asian Exporters Chamber of Commerce and Industry" Resolution Process.

I request you to approve my request and kindly inform me with the confirmation and updates of my process.

Yours Faithfully

(Signature)

Affix Rubber Stamp

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

### 1. CONSIGNER INFORMATION

Full Name	<input type="text"/>						
Company Name	<input type="text"/>						
IEC No.	<input type="text"/>	Designation	<input type="text"/>				
Address	<input type="text"/>						
State	<input type="text"/>	City	<input type="text"/>				
Phone No.	<input type="text"/>	Telephone No.	<input type="text"/>				
E-mail ID	<input type="text"/>	Website	<input type="text"/>				

### 2. CONSIGNEE INFORMATION

Full Name	<input type="text"/>						
Company Name	<input type="text"/>						
IEC No.	<input type="text"/>	Designation	<input type="text"/>				
Address	<input type="text"/>						
State	<input type="text"/>	City	<input type="text"/>				
Phone No.	<input type="text"/>	Telephone No.	<input type="text"/>				
E-mail ID	<input type="text"/>	Website	<input type="text"/>				



### 3. CARRIERS INFORMATION

Name of the Carrier

Vessel/ Voyag No.  Destination

Container No.  B.L No

POL  POD

Name of Carriers Representative

Address

State  City

Phone No.  Telephone No.

E-mail ID  Pin Code

### 4. DESCRIPTION OF CLAIMAND CARGO

Please describe the cargo in question and the nature of loss or damage to that Cargo. It would help if you could answer the following questions, Providing supporting proof wherever possible

a) What is the nature of the loss or damage ?

b) What is the value of the replacement of the affect invoice or estimate ?

Value:

Basis of Valuation:

c) identify the circumstances that the officials should consider in deciding the merits of your claim:



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5. Was there a written fee agreement or fee letter from the attorney explaining how much would be charged? (if Applicable)

Yes  No

I) Had the attorney of the law firm ever represented you before accepting this case ?

Yes  No

II) Was the fees charged by the attorney contingent on the outcome of the case so that there was no fee due unless the attorney recovered money for you ?

Yes  No

III) When did the attorney first agreed to handle your case ?

IV) When did the attorney last do any work on this case ?

6. What documentation / evidence are you able to provide regarding your complaint ?

Please indicate below, the documentation you are providing in relation to your claim. You must attach copies of all such relevant documents to this Application easy process.

- |                                                                |                                                 |                                                     |
|----------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Signed Manifest                       | <input type="checkbox"/> Booking Note           | <input type="checkbox"/> Invoice / Performa Invoice |
| <input type="checkbox"/> Request for Space                     | <input type="checkbox"/> Anticipated Cargo Form | <input type="checkbox"/> Damage report              |
| <input type="checkbox"/> Shipping Contract(s)                  | <input type="checkbox"/> Witness Statements     | <input type="checkbox"/> B/ L Copy                  |
| <input type="checkbox"/> Canceled Cheques                      | <input type="checkbox"/> Photographs            | <input type="checkbox"/> Contract Agreement         |
| <input type="checkbox"/> Correspondence with agent             | <input type="checkbox"/> Repair Estimates       | <input type="checkbox"/> Inspection                 |
| <input type="checkbox"/> Correspondence with Carrier           | <input type="checkbox"/> Notes                  | <input type="checkbox"/> Telephone Records          |
| <input type="checkbox"/> Correspondence with Suppliers/ Buyers | <input type="checkbox"/> Receipts               | <input type="checkbox"/> P.O                        |
| <input type="checkbox"/> Packing Lists                         | <input type="checkbox"/> Others                 |                                                     |

I Submit this application and state that all information mentioned here in are true and correct

Signature

Name of Shipper/ Claimant :

Date          
D D M M Y Y Y Y

Rev 01/04/2023