



PO Box 1448
 Los Banos, CA 93635
 Ph 209-826-9494
 Fax 209-854-6292
 www.ingomarpacking.com

DNRS CLAIM REQUEST FORM

Claim #:
 (Issued by Ingomar)

1. Please complete all fields in order to have your claim processed in a timely manner.
2. Please include a color photograph which clearly shows the defect and the container label.
3. Submit the form and photo by mail to:

Ingomar Packing Company LLC
 Claims Processing Dept.
 P.O. Box 1448
 Los Banos, CA 93635



4. To expedite the process you may email a copy of the form & picture(s) to: claims@ingomar.com

Questions: Call John Palombi at 209-826-9494 x 108
 and or access our website at www.ingomarpacking.com

Claim Information

Date of Claim:	Company Name:
Contact Person:	Customer Claim No.
BOL Number (s):	Contact Number:
Product:	Container Lot Number(s): Multiple lots attach separate sheet
Product Code:	Total Lbs. of Claim:
Description of Defect:	

Claim Calculation

Product Cost: (Must equal Ingomar's Invoiced price)	\$	Disposal Charges: (if applicable)	\$
Total Product Cost: (Cost x lbs. of claim)	\$	Bin Charges: (if approved)	\$
Freight Charges: (if applicable)	\$	Other Charges:	\$
		TOTAL CLAIM REQUESTED:	\$

Please Note: Ingomar will review your request and advise you of the status of your claim via a "Claim Status Summary" acknowledgment. Until receipt of an approved "Claim Status Summary" acknowledgment, claim(s) will be considered pending and not valid. You will receive a claim reference number within 48 hours, and a final disposition within 7 days after all required items are received. Refer to the DNRS document for further information.

SUBMIT