

# Place Your Letterhead Here

## Letter of Intent to File Carrier Claim

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To: Name of Carrier/Carrier Agent:  
Address of Carrier/Carrier Agent:

MAWB Number:  
Contact Email and Phone:  
Date:

**Re: Letter of Intent to File Carrier Claim on Air New Zealand Cargo**

To Whom It May Concern:

This is to advise of our intent to claim regards the shipment per the MAWB number provided in this letter.

Our reason for intent to claim is due to (please select):

- Damaged goods,
- Loss/partial loss of goods,
- Other, specify:

A claim will be forthcoming as soon as all relevant information has been compiled.

Sincerely,

Sign and print name