

Longhua USA Inc./iFloor.com

Dear Customer,

We regret the incident leading to your claim. To enable us to file your claim as quickly as possible with the carrier, please mail the following information to:

iFloor.com
PO Box 88071
Tukwila, WA 98138

1. Delivery receipt documenting damage or shortage, with signature of driver and consignee.
2. Original invoice declaring the value of the shipment.
3. Completed claim form. (Attached)
4. Repair invoice, or estimate, if applicable.
5. Salvage allowance - if product is lost or irreparable.
6. Photos of the damage. (no less than 6 photos should be emailed to claims@ifloor.com)

Note: Please be sure to reference the bill of lading number on each document.

Important:

- Please do not dispose of the damaged merchandise or packaging or ship to another location until instructed by the Carrier's have a legal right to inspect the cargo and packaging at the delivery location. Failure to provide them with this opportunity may result in denial of your claim.
- In the event of damage, it is the consignee's duty by law to mitigate (minimize) the Carrier's loss in any way possible. If repairing damaged goods will minimize the loss, please make sure you have received approval from the Carrier prior to proceeding with repairs.
- iFloor.com will file your loss/damage claim with the carrier on your behalf when all required documents have been received.
- Once filed, Carriers have 30 days to acknowledge and 120 days to process a claim to resolution. Additional processing time may be required if more than one carrier is involved, if additional information, or if mitigation of the claim value is required.

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STANDARD FORM FOR PRESENTATION OF LOSS & DAMAGE CLAIMS

Date: _____

(Name of Claimant)

(Claimants Address)

Please file a _____ claim with carrier on behalf of _____ for \$ _____
(Loss or Damage) (Name of Claimant) (Full amount of claim)
in connection with the following described shipment:

BOL No. _____

Carrier: _____

Pick up Date: _____ **Delivery Date (if applicable):** _____

Description of product shipped (commodity): _____

Name/Address of Shipper: _____

Name/Address of Consignee: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIM IS DETERMINED

(Number and description of article, nature and extent of loss or damage, invoice price of articles, amount of claim, etc...)

Total dollar amount of claim \$ _____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS
ARE SUBMITTED IN SUPPORT OF THIS CLAIM

- 1. () Original bill of lading, if not surrendered to carrier
- 2. () Original paid freight (expense) bill.
- 3. () Original invoice showing cost of product being claimed.
- 4. () Repair invoice
- 5. () Pictures (if applicable)
- 6. () Other: _____

The foregoing statement of facts is hereby certified to as correct: _____

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