



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Date:	<i>(mm/dd/yyyy)</i>	Bill of Lading: (PRO#)			
Customer Reference Number:					
Amount of Claim:	<i>(amount of claim)</i>	Name of Claimant:		<i>(name of company submitting the claim)</i>	
Complete Mailing Address:	<i>(street)</i>	<i>(city)</i>	<i>(PO Box)</i>	<i>(province)</i>	<i>(postal code)</i>
Contact Name:		Telephone:		Extension:	
Email Address:					
Claim Is For:	Damage		Shortage		
Description of Shipment:					
Name of Shipper:		Telephone:		Ext.	
Name of Consignee:		Telephone:		Ext.	
If claiming for damage, can the item(s) be repaired, used or sold at a discount?			Yes	No	
<i>If not possible, please explain</i>					
Has quality control/quality assurance testing been completed?			Yes	No	
<i>If not possible, please explain</i>					
DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED					
<i>(number and description of articles, nature, and extent of loss or damage, invoice price of articles, amount of claim, etc.)</i>					
DESCRIPTION				AMOUNT	
Freight Charges Being Claimed					
Currency (mandatory)			Total Amount Claimed		
IN ADDITION TO THE INFORMATION ABOVE, PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM					
Bill of Lading		Copy of Claimant's Cost Invoice			
Paid Freight Bill (if applicable)		Copy of Repair Bill (if applicable)			
Proof of Delivery		Other relevant supporting documentation			
<small>Please note that carrier liability maximum liability is limited to \$2.00/lb/\$4.41/kg computed on the total weight of the shipment unless a higher value is declared on the face of the BOL by the shipper. For non-carriage services, maximum liability is limited to the lesser of the actual value of the loss or damage or the sum of \$500. The customer must retain damaged goods until such time as claim is settled. Please note that all claims will be acknowledged within 30 days of receipt.</small>					