

## STANDARD FORM FOR PRESENTATION OF LOSS & DAMAGE CLAIMS

Date: (yyyy/mm/dd)			Bill of Lading (PRO#):							
Customer Reference Number:										
Amount of Claim		Name of Claimant: (name of company								
	(amount of claim)		submitting the claim)							
Complete Mailing Address:	(street)		(city)		(PO Box)		(province)		(postal code)	
Contact Name:			Telephone	<b>e</b> :			Extension:			
Email Address:										
Claim Is For:		Damage					Shortage			
Description of Ship										
,										
Name of Shipper:			Tel:						Ext.	
Name of Consignee:				Telephone:					Ext.	
If claiming for dam at a discount?	epaired, used or sold			Yes	Yes		No			
Has quality contro	g been completed?			Yes	3	N	No			
	explain:					•				
DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED										
(number and descrip	extent of loss	or damage	e. invoid	e pri	ce of articles. ar	ount of	claim. etc	2.)		
DESCRIPTION		-				AMOUNT				
Freight Charges Bei										
Currency				Total Amount Claimed						
IN ADDITION TO	O THE	INFORMATION	ABOVE, I	PLEASE	PRO	VID	E THE FOLL	OWING	<b>G</b>	
DOCUMENTS IN SUPPORT OF THIS CLAIM										
Bill of Lading		Сору	Copy of Claimant's Cost Invoice			;				
Paid Freight Bill (i		Copy of Repair Bill (if applicable				<del>;</del> )				
Proof of Delivery		Other	Other relevant supporting documentar							

Maximum liability of \$2.00/LB or \$4.41/KG for shipments originating in Canada.; or USD \$25.00/lb per piece up to USD \$100,000 per occurrence for shipments originating from the US. As per section 5 (1)[c] of Terms & Conditions, excess valuation coverage (declared value) Not Applicable on shipments to or from the US. Please see Terms and Conditions. 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.