

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:								
	(amount of claim)		(name of company submitting the claim)								
Complete Mailing Address:	(street)		(city)		(PO Bo.		(province)		(postal		ode)
Contact Name:			Telephone	e:			Extension:				
Email Address:	I.			<u>'</u>			1				
Claim Is For:		Damage					Shortage				
Description of Shi	pment:										
Name of Shipper:				Tel:					Ext.		
Name of Consignee:				Telephone:							
If claiming for dam at a discount?	epaired, used or sold			Yes	3	N	lo				
If not, please explain:											
Has quality contro	g been completed?			Yes	3	N	No				
If not possible, please explain:											
DETAILED STA	TEME	NT SHOWING H	OW CLA	IM AMO	UNT	IS D	ETERMINED				
	xtent of loss or damage, invoice price of articles, ar										
DESCRIPTION						AMOUNT					
Freight Charges Bei											
Freight Charges Being Claimed Currency				Total Amount Claimed							
IN ADDITION TO			ABOVE I					OWING	2		
IN ADDITION TO THE INFORMATION ABOVE, PLEASE PROVIDE THE FOLLOWING 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								
Proof of Delivery		Other	Other relevant supporting docur								

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.