**STANDARD FORM FOR PRESENTATION OF**

**LOSS & DAMAGE CLAIMS**

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| Date:(mm/dd/yyyy) |  | Bill of Lading (PRO#) |  |
| Customer Reference Number: |  |
| Amount of Claim: | $ | Name of Claimant: |  |
| Complete Mailing Address: | Street: | City: | Province: | Postal Code: |
| 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 | 🞎 |
| *If not, please explain:*  |  |
| Has quality control/quality assurance testing be completed? | Yes | 🞎 | No | 🞎 |
| *If not possible, please explain:* |  |

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| **DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED** |
| *(Quantity and description of articles, nature, and extent of loss or damage, invoice price of articles, amount of claim, etc.)* |
| Description | Amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Freight Charges Being Claimed | $ |
| Currency CDN 🞎 US 🞎 | Total Amount Claimed | $ |

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| 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 | 🞎 |
| Maximum liability of $2.00/LB or $4.41/KG for shipments originating in Canada; or USD $25.00/lv per piece up to USD $100,000 per occurrence for shipments originating from the US. 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. |