



FREIGHT CLAIM FORM

The minimum claim amount is \$150. Claims for damage or shortages must be submitted to Just Miles Inc within 7 days of delivery.

Your invoice must be paid in full before your claim can be processed, failure to do so will result in your claim being denied.





Company Name:	
Company Address:	
Phone #:	Fax #:
Contact Name:	E-mail:
Just Miles Load #:	BOL #:
Total claim in the amount of \$ _____ is hereby filed against the carrier for:	
<input type="checkbox"/> Shortage	
<input type="checkbox"/> Visual Damage	
<input type="checkbox"/> Temperature Control	
Your Company Assigned Claim #:	
Shipper	Consignee
Company Name:	Company Name:
Address:	Address:
Phone #:	Phone #:
Date of Pick Up:	Date of Delivery:
Briefly describe what the claim represents and show how the claim was calculated. Please attach photos for damage claims.	
\$	
\$	
\$	
\$	
\$	





Total Claim Amount: \$ _____ (please specify USD or CAD)	
If the claim involves damaged goods, please check one or more of the following.	
<input type="checkbox"/> Damaged goods can be repaired for approximately: \$ _____ (please specify USD or CAD)	
<input type="checkbox"/> Damaged goods can be used "as is" for an allowance of: \$ _____	
<input type="checkbox"/> Damaged goods are available for carrier pick-up.	
<input type="checkbox"/> Damaged goods are unavailable. Please explain: 	
To avoid delay in processing your claim please attach the following documents.	
<input type="checkbox"/> A copy of the original Bill of Lading. <input type="checkbox"/> The consignee's copy of the Freight Bill bearing loss or damage notations. <input type="checkbox"/> A copy of the Packing Slip listing all products shipped. <input type="checkbox"/> A copy of the Supplier's Invoice showing the cost of good and associated discounts. <input type="checkbox"/> An Itemized Repair Bill which includes parts and labour and if applicable any associated costs to support the cost of the claim. <input type="checkbox"/> Proof of Payment for freight charges.	
<p>Your claim may be delayed if this form is received incomplete. The absence of any document called for in connection with this claim must be explained.</p> <p>All salvage must be retained until Just Miles Inc. has settled the claim. Failure to have salvage available for pick-up may result in claim payment being withheld or reduced. GST/HST is not applicable on claims as per Revenue Canada. All claims are subject to investigation and approval by Just Miles Inc</p>	
Claimant Signature:	Date:





Once signed, return this form to Just Miles Inc.	
JUST MILES INC 20 PLUMRIDGE CRES CAMBRIDGE ON N3H0B7 Email: claims@justmiles.ca FAX: 226-786-0090 Phone: 226-786-0070	

