



## Loss and Damage Claim

Maximum liability of \$2.00 per pound (\$ 4.41 per kilogram) computed on the total weight of the shipment unless declared valuation states otherwise.

CLAIMANT'S NAME		DATE	
REFERENCE OR CLAIM #		CLAIMANT'S TELEPHONE NO.	CLAIMANT'S EMAIL.
CLAIMANT'S ADDRESS		CITY, PROVINCE, POSTAL CODE	

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):		
SHIPPER	CONSIGNEE		
ORIGIN	DESTINATION		
CARRIER PRO # <u>or</u> ATTACH A COPY OF BILL OF LADING	PICKUP DATE		

**BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED**


<p><b>IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE</b></p> <p><input type="checkbox"/> Damaged goods can be repaired for damaged approximately \$ _____</p> <p><input type="checkbox"/> Damaged goods can be repaired for approximately \$ _____</p> <p><input type="checkbox"/> Damaged goods are available for carrier pickup.</p> <p><input type="checkbox"/> Damaged goods are unavailable (please explain):</p>
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<p><b>PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:</b></p> <p><input type="checkbox"/> Vendor's invoice showing price of lost or goods, including final page.</p> <p><input type="checkbox"/> Consignee's copy of the freight bill bearing loss or damage notations.</p> <p><input type="checkbox"/> Itemized repair bill, if applicable.</p> <p><input type="checkbox"/> Inspection Report, if available.</p>
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<p><u>CLAIMANT'S SIGNATURE &amp; DATE</u></p>
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