



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Date: (mm/dd/yyyy)			Bill of Lading (PRO#): (sample format TOR 123456 3)								
Customer Reference Number:		, , ,									
Amount of Claim			Name of Claimant:								
!											
	(amount o	of claim)					(name of company submitting the claim)				
Complete Mailing											
Address:	(street)		(city)		(PO Box)		(province)	(postal co			code)
Contact Name:			Telephone:				Extension:				
Email Address:	I.										
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 Yes			Yes	No No				
at a discount?											
	se explain										
Has quality contro	ing been completed? Yes			Yes	No						
	se explain				•						
DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED											
(number and descripti	t of loss or damage, invoice price of articles, amount of c					· ,					
	IPTION					AMOUNT					
Freight Charges Bei									-		
Currer	Total Amount Claimed										
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 Invoic						
Paid Freight Bill (i		Сору	Copy of Repair Bill (if applicable								
Proof of Delivery		Other	Other relevant supporting docum				ation				

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 United States. As per section 5 (1)[c] of Terms & Conditions, excess valuation coverage (declared value) Not Applicable on shipments to or from the United States. Please see reverse side for additional 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.