



**STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM**

Att: Claim Department  
20 Holland Drive  
Bolton, ON L7E 1G6

\_\_\_\_\_ Date

\_\_\_\_\_ Bill of lading # (probill#)

Customer's name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Claim is for  LOSS  DAMAGE

Description of the item (s): \_\_\_\_\_

Description of the incident: \_\_\_\_\_

**DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED**

(Quantity and description of articles, nature and extent of loss or damage, article's price invoiced, claim amount, etc.)

_____	\$
_____	\$
_____	\$
_____	\$
Total amount claimed	
_____	\$

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM**

- Bill of lading
- Paid freight bill
- Proof of delivery
- Copy of original Cost invoice (verifying claimed amount)
- Copy of repair bill (if applicable)
- Pictures
- Other relevant supporting document

Customer's signature: \_\_\_\_\_

**Note:** Carrier liability is limited to \$2.00/lbs unless otherwise stated on the bill of lading. The customer must retain damaged goods and the packaging until such time as claim is settled. Unless specified otherwise, credit note for the approved amount will be issued to claimant's account.