Freight Damage & Loss Claim Form

Date:_____

Claimant's Name - Please Print			Claimant's Reference Number
Claimant's Street Address	City	Province	Postal Code
Claimant's Telephone Number		Claimants Fax Number	
Shipper		Consignee	
Origin		Destination	
Shipment Pro Number - If not known please attach copy of BOL			Date Shipment was picked up

Claim for: □ Damage □ Shortage □ Other (specify):

Claim Amount: $

Describe what the claim represents and how the claim amount was calculated:

*If claiming damaged goods, please check one or more of the following:

□ Damaged goods can be repaired for approximately $_____
□ Damaged goods can be used "as is" for an allowance of $_____
□ Damaged goods are available for carrier pick up
□ Damaged goods are unavailable (please explain):

The following documentation should be included when filing a claim:

□ Vendor's invoice showing pricing for lost or damaged goods.
□ Consignee's copy of the freight bill bearing loss or damage notations
□ Itemized repair/replacement bill, if applicable
□ Inspection Report, if available.

Claimant Signature	Date
Printed Name	Email Address