

## STANDARD FORM FOR PRESENTATION OF LOSS & DAMAGE CLAIMS

Date: (yyyy/mm/dd)				Bill of Lading (PRO#):							
Customer Reference Number:											
Amount of Claim			Name of Claimant:								
	(amount of claim)		(name of company submitting the claim)								
Complete Mailing Address:	640		(-11.)		(PO Box)		(province)		(postal code)		
Contact Name:	(street)		Telephone	e:	(1 0 200)		Extension:		(postal dodd)		
			•								
Email Address:							<b>I</b>				
Claim Is For: Damage					Shortage						
Description of Shi	pment:										
Name of Shipper:				Tel:					Ext.		
Name of Consign		Telephone:					Ext.				
If claiming for dan at a discount?	epaired, used or sold		Yes	es .		No					
		If not, please explain:									
Has quality contro	g been completed?		Yes	s N		No					
	explain:										
DETAILED STA	TEME	NT SHOWING H	HOW CLA	IM AMO	UNT	IS D	ETERMINED	)			
	extent of loss or damage, invoice price of articles, amount of claim, etc.)							c.)			
DESCRIPTION						AMOUNT					
Freight Charges Being Claimed											
Currency					Total Amount Claimed						
IN ADDITION TO				PLEASE	PRC	OVID	E THE FOLL	OWIN	G		
Bill of Lading		Сору	Copy of Claimant's Cost Invoice			<del></del>					
Paid Freight Bill (i		Сору	Copy of Repair Bill (if applicab								
Proof of Delivery		Other relevant supporting documentation									

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