The Day&Ross Transportation Group

email: claims@dayandrossinc.ca

Sameday WORLDWIDE

email: claims@sameday.ca

TO:
FAX:

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Attn: Claims Department
398 Main Street
Hartland, NB E7P 1C6

_____ Date

_____ Bill of Lading (Pro#)

This claim for $ _____ is made against the carrier named above by _____
(Amount of Claim) (Name & Address of Company Submitting Claim)

_____

Claim is for LOSS / DAMAGE (Circle to indicate)

Contact Name & Telephone # of Claimant _____
(person submitting claim)

Description of shipment _____

Name and Address of Shipper _____

Name and Address of Consignee (Whom shipped to) _____
(If different from Claimant)

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED
(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, 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 (if applicable)
(_____) Proof of Delivery
(_____) Copy of original Cost Invoice verifying claimed amount
(_____) Copy of Repair Bill (if applicable)
(_____) Other, Relevant supporting documentation

NOTE: Carrier liability is limited to $2.00/lb unless otherwise stated on the Bill of Lading.
The customer must retain damaged goods until such time as claim is settled.

Tel: (506) 375 4401 **1 (800) 561 0013** **Fax: (506) 375-5407**