

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		
<input type="checkbox"/> Bill of Lading	<input type="checkbox"/> Copy of original Cost Invoice verifying claimed amount	
<input type="checkbox"/> Paid Freight Bill (if applicable)	<input type="checkbox"/> Copy of Repair Bill (if applicable)	
<input type="checkbox"/> Proof of Delivery	<input type="checkbox"/> 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