



**CLAIM FORM FOR LOSS OR DAMAGE**

**SHIPPER**

Account number \_\_\_\_\_

Contact \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

**CONSIGNEE**

Contact \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

**INFORMATION**

Claimed Amount \_\_\_\_\_ (CND)      Waybill number \_\_\_\_\_

Shipping date \_\_\_\_\_      Date received \_\_\_\_\_

- Entirely damaged
- Partially Damaged

- Entirely Lost
- Partially lost

Attached documents

- Copy of original invoice
- Copy of written Estimate
- Pictures
- Copy of waybill

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this document with the requested forms required by fax: 514-631-3117  
A customer service agent will communicate with you.