



EMAIL claims@sameday.ca

TO:

FAX:

STANDARD FORM FOR PRESENTATION OF SHORTAGE AND DAMAGE CLAIMS

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

_____ Date _____

_____ Sameday 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 SHORTAGE / DAMAGE (Circle to indicate)

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

Name and Address of Claimant _____

Description of shipment _____

If claim is for damage, can item be repaired by shipper / consignee / third party or, if applicable, has quality control / quality assurance testing been completed? Yes / No. If not possible, please explain.

If claim is for damages, can item be used or sold at a discount? Yes / No. If not possible, please explain.

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED

(Number and description of articles, nature and extent of shortage/damage, invoice price of articles, amount of claim, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Claimed	\$ _____

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)
- (_____) Copy of quality control test results (if applicable)

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