

Standard Form for Presentation of Loss and Damage Claims

Clear Form

M/____ D/____ Y/____
(Date)

(Name of Claimant)

()____ - ____
(Claimant's Telephone Number)

(Claimant's Address)

()____ - ____
(Claimant's Fax Number)

(City, Postal Code)

REMIT TO:

Dumais Logistique

www.Dumais Logistique.com

Phone: (514) 335-5669

Fax: (514) 335-9404

This Claim for the amount of \$_____ is made against the carrier named above by: _____
(Name of Claimant)

for _____ in connection with the following described shipments:
(Loss or Damages)

Description of Shipment: _____

Name and Address of consignor (shipper): _____

Shipped from: _____ To: _____

Paid probill number: _____ Date of probill: _____

Name and address of consignee (whom shipped to): _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Total Amount Claimed: \$ _____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

1. Original Bill of Lading, if not previously surrendered to carrier.
2. Original PAID Freight (expense) Bill.
3. Original Invoice or Photostat Copy.
4. Other particulars obtained in proof of loss or damage claimed.

Remarks: _____

The foregoing statement of facts is hereby certified to be correct.

Signature of Claimant

NOTE: CLAIM MUST BE FILED WITHIN 60 DAYS FROM THE DATE UPON WHICH YOU RECEIVED YOUR SHIPMENT.