



LOSS AND/OR DAMAGE CLAIM FORM

PLEASE PRINT OR TYPE

CLAIMANT: _____
ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

TEL. # _____ FAX # _____

SUBMITTED BY: _____
EMAIL ADDRESS: _____
DATE SUBMITTED: _____

REASON FOR CLAIM:

LOST CARTON (S) DAMAGED SHIPMENT

DOLLAR AMOUNT CLAIMED _____
PRO BILL # _____
BILL OF LADING # _____
DATE OF SHIPMENT _____
YOUR REFERENCE # _____

DESCRIPTION OF SHIPMENT

DESCRIPTION OF GOODS LOST OR DAMAGED, DAMAGED PHYSICAL DESCRIPTION, COLOUR, WEIGHT, DIMENSIONS.
PHOTO OR SKETCH IF AVAILABLE.

SHIPPER: _____
ADDRESS: _____

CITY/PROVINCE: _____ **POSTAL CODE:** _____

CONSIGNEE: _____
ADDRESS: _____

CITY/PROVINCE: _____ **POSTAL CODE:** _____

ALL CLAIMS SUBMITTED MUST BE ACCOMPANIED BY:

1. A copy of the original bill of lading.
2. Certified true copy of the original invoice verifying the claim amount.
(This invoice should indicate the actual breakdown of cost to the claimant showing any and all applicable discount allowances).
3. A copy of the paid freight bill.
4. A statement detailing how the amount is determined.

THIS INFORMATION IS VITAL TO YOUR CLAIM, PROCESSING OF ANY CLAIM WILL BE DELAYED WITHOUT THIS DOCUMENTATION.

OTHER SUPPORT INFORMATION SUBMITTED WITH YOUR CLAIM:

| | |
|---------------------------|--------------------------|
| COPY OF INSPECTION REPORT | <input type="checkbox"/> |
| COPY OF REPAIR BILL | <input type="checkbox"/> |
| OTHER _____ | <input type="checkbox"/> |

IMPORTANT: WHEN SUBMITTING A CLAIM FOR DAMAGE, RETAIN ALL SALVAGE UNTIL YOUR CLAIM IS SETTLED.

PLEASE FORWARD COMPLETED CLAIM FORMS TO:

**CCT CANADA
6900 Tranmere Drive
Mississauga, Ontario L5S 1L9
ATTENTION: CLAIMS DEPARTMENT**