



LOSS OR DAMAGE CLAIM FORM

FOR CARRIER USE ONLY

P.O. Box 390, Gore Bay, Ontario P0P 1H0
Fax # 705-282-1955 Tel: 800-265-1485
Email to claims@manitoulintransport.com

Today's Date: _____

Ref Claimant #: _____

Manitoulin Pro Bill #: _____

| |
|----------------|
| DATE RECEIVED: |
| CLAIM #: |

CLAIMANT INFORMATION:

Claimant Name: _____ * If different from Claimant Pay: _____
(Payable To *)

Mailing Address: _____

City / Postal Code: _____

Print Contact Name: _____

Telephone: _____ FAX #: _____

E-mail Address: _____

| |
|--|
| We now offer Electronic Payments. |
| If payment is issued, for this claim, would you like this option? |
| Yes _____ No _____ |

- TYPE OF CLAIM:**
- NO FREIGHT
- VISUAL DAMAGE (noted on the delivery receipt)
- CONCEALED DAMAGE (discovered after delivery within 48 hours)
- SHORTAGE (noted on the delivery receipt)
- CONCEALED SHORTAGE (discovered after delivery within 48 hours)

DETAILED STATEMENT SHOWING HOW CLAIM IS DETERMINED:

| PIECES | PART # | PART DESCRIPTION | NEW | USED | AMOUNT |
|--------|--------|------------------|-----|------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL AMOUNT CLAIMED FUNDS \$ _____

US

CDN

SALVAGE: Failure to retain all claimed freight, including parts, for carrier disposition may result in claim denial.

Salvage Freight is available at (address): _____

Contact: _____ Phone#: _____

- ORIGINAL COST INVOICE
- Proof of purchase cost or photocopy showing all discounts (Please include entire invoice. **NOTE** – HST//GST/PST not paid on Claims)
- REPAIR INVOICE – Detailed repair invoice showing breakdown of parts utilized and rate per hour (maximum \$80/hour).
- INSPECTION REPORT –If applicable
- SHIPPING CHARGES – Proof of payment with claim.

PLEASE ALLOW 25-30 DAYS TO PROCESS AFTER RECEIPT.

Claimant's Signature: _____

Date: _____