



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:

** If different from Claimant Pay:*

Claimant Name: _____
(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	<input type="checkbox"/>
		CDN	<input type="checkbox"/>

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 \$100/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: _____