

FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

LOSS OR DAMAGE CLAIM

10. SCOTT-WOODS TRANSPORT INC.
140 MAL@DY STREET
MAPLE, ONTARIO L6A 1R9

This claim for \$______is made against your company for DAMAGE LOSS in connection with the following described shipment:

CLAIMANTS NUMBER
SHIPPER'S NAME
POINT SHIPPED FROM
DATE OF BILL OF LADING
CONSIGNEE'S NAME
DATE OF DELIVERY

DATE

2	DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED HAS BEEN DETERMINED
	(Number and description of articles, nature and extent of damage, invoice price of articles, amount of claim etc.
	ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN)

NMFC Item # of Commodity lost or damaged	TOTAL AMOUNT CLAIMED	

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- ☐ Original Bill of Lading
- ☐ Original invoice or certified copy
- ☐ Shipper's concealed loss or damage form
- ☐ Consignee concealed loss or damage form
- ☐ Other particulars obtainable in proof of loss or damage claimed

FURTHER DETAILS OR REMARKS:

NAME OF PERSON SUBMITTING CLAIM:		
COMPANY:		
TELEPHONE:		
EMAIL:		
DATE:		
SIGNATURE:		