Standard Form for Loss and Damage Claims

Date: _____ Claimant Address: _____
Claimant: _____ _____
Claimant Ref#: _____ _____

Carrier: Meyers Transport

This claim for $_____ is made against the carrier named above by: _____
for **loss** or **damage** (circle one) in connection with the following described shipments:

Description of shipment: _____
Name and address of shipper: _____
_____

Shipped from: _____ Shipped to: _____
Final Destination: _____ Routed via: _____
Date of pick up: _____ Carrier Pro #: _____
Name and address of consignee: _____
_____

Detailed statement showing how amount claimed is determined:

Number and description of articles, nature and extent of loss or damage, invoice price of articles, etc.	Amount of claim
Total claim amount	

In addition to the information above, the following documents are submitted in support of this claim:
Please place a check mark beside each document type that is being sent.

_____ Copy of original bill of lading:
_____ Copy of paid freight bill or copy of delivery receipt:
_____ Copy of original supplier invoice:
_____ Other particulars obtainable in proof of loss of damage claimed (please outline here): _____
_____

The forgoing statement of facts is hereby certified as correct: _____
(signature of claimaint)

Fax to: 705 - 748 - 2489 **e-mail: *claims@meyers.ca***
Mail to: ATTN: CLAIMS, Meyers Transport
1049 Crawford Drive, Peterborough, ON K9J 6X6
** Damaged freight to be held until liability is determined. **