



LOSS OR DAMAGE CLAIM FORM

FOR CARRIER USE ONLY

P.O. Box 390 Gore Bay, Ontario P0P 1H0
Fax # 705-282-2048 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: _____

TYPE OF CLAIM:

☐

NO FREIGHT

☐

VISUAL DAMAGE
(noted on the delivery receipt)

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CONCEALED DAMAGE
(discovered after delivery)

☐

SHORTAGE
(noted on the delivery receipt)

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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# _____

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ORIGINAL VENDOR INVOICE

- Proof of purchase cost or photocopy showing all discounts (Please include entire invoice. **NOTE** – HST//GST/PST not paid on Claims)

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REPAIR INVOICE – Detailed repair invoice showing breakdown of parts utilized and rate per hour (maximum \$80/hour).

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INSPECTION REPORT – If applicable

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SHIPPING CHARGES – Proof of payment with claim.

PLEASE ALLOW 25-30 DAYS TO PROCESS AFTER RECEIPT.

Claimant's Signature:

Date