



Box 41 Grp 582 RR5 Springfield, MB R2C 2Z2
Phone 204-224-0430 Fax 204-224-0055

Standard Form for Presentation of Loss and Damage Claims

(Name of Company to who claim is submitted) (Address of claimant)

(Name of Carrier) (Date) (Claimants Ref#)

This claim for \$ _____
(Amount of claim) (Name of Claimant)

for _____ in connection with the following described shipments:
(Loss or damage)

Description of shipment _____

Name and address of shipper _____

Shipped from _____; To _____

(City, town or station) (City, town or station)

Final destination _____;
(City, town or station)

Bill of Lading # _____ Date of Bill of Lading _____

Name and address of consignee (whom shipped to) _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

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

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM.

- () 1. Original bill of lading, if not previously surrendered to carrier.
- () 2. Original paid freight (expense) bill.
- () 3. Original invoice or certified copy.
- () 4. Other particulars obtainable in proof of loss or damage claimed.

REMARKS: _____

The foregoing statement of facts is hereby certified as correct: _____
(Signature of claimant)