



### Customer Claim Submission Form

Return Fax Number 403 328 2422

To file a shipment loss or damage claim, complete and send the following application to the Claims Department

**\* denotes Required Fields**

Note – refer to bottom area for required / available information for claim completion.

#### **APPLICATION INFORMATION:**

\*Your Name: \_\_\_\_\_ \*Company Name \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*Prov./State: \_\_\_\_\_  
\*Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Claim Information:**

\*Probill / Waybill #: \_\_\_\_\_  
\*Your reference #: \_\_\_\_\_  
\*Description of damaged and/or missing article(s):


\*Total pieces: \_\_\_\_\_ \*Total weight: \_\_\_\_\_

\*Compensation request per article and/or repair request (must provide estimate):


Supporting documentation (please check those that apply and are submitted)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Copy of original supplier/shipper invoice                     |
| <input type="checkbox"/> | Copy of signed delivery receipt with noted damage or shortage |
| <input type="checkbox"/> | Copy of repair invoice (if applicable)                        |
| <input type="checkbox"/> | Copy of inspection report (if applicable)                     |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_