

CLAIM FORM LOSS AND DAMAGE

MAIL/FAX TO: CSA TRANSPORTATION Attn: Claims Department 355 Horner Avenue Toronto, Ontario M8W 1Z7 Phone: 416.754.0999 Fax: 416.292 5217 claims@csatransportation.com	Date:
	Ship Date:
	CSA Load/Invoice #:
	Your reference #:

This claim is for \$ <input type="checkbox"/> USD <input type="checkbox"/> CAD in connection with the described shipment for: <input type="checkbox"/> Damage <input type="checkbox"/> Shortage <input type="checkbox"/> Other (Please specify):	
Shippers Name:	Consignee's Name:
Point Shipped From:	Final Destination:

DESCRIPTION OF ITEMS CLAIMED			
Please indicate the quantity, description, landed or invoice cost, etc. as reflected on the supporting documentation. Include all discounts and allowances. If goods can be repaired please include a repair quote, or if goods can be used/sold as-is, please provide credit or allowance amount.			
Qty	Item #	Description	Invoice Cost
	← Total Qty		Total Invoice Cost →

DETAILED STATEMENT OF WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM AMOUNT IS DETERMINED

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:			
<input type="checkbox"/> Original/copy of supplier invoice	<input type="checkbox"/> Bill of Lading		
<input type="checkbox"/> Inspection Report (if applicable)	<input type="checkbox"/> Delivery Receipt		
<input type="checkbox"/> Repair Quote/Estimate (if applicable)	<input type="checkbox"/> Images (product & packaging)		
<input type="checkbox"/> Other particulars (please specify):			
THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT			
Claimant Company Name:		Contact:	
Mailing Address:		Phone:	Fax:
City:	State:	Zip/Postal Code:	Email Address:

We thank you for having CSA Transportation as your carrier; we appreciate your business and will make every effort to settle your claim in a fair and timely manner.