Freight Damage & Loss Claim Form

Date:

Claimant's Name - Please Print			Claimant's Reference Number
Claimant's Street Address	City	Province	Postal Code
Claimant's Telephone Number		Claimants Fax Number	
Carrier's Name - Please Print			Carrier's Reference number
Carrier's Street Address	City	Province	Postal Code
Shipper		Consignee	
Origin		Destination	
Shipper's Pro Number - If not known please attach copy of BOL		Date Shipment was picked up	
Claim for: ☐ Damage ☐ Shortage ☐ Other (specify):			
Claim Amount: $			

Describe what the claim represents and how the claim amount was calculated

*If claiming damaged goods, please check one or more of the following:

☐ Damaged goods can be repaired for approximately $_____

☐ Damaged goods can be used "as is" for an allowance of $_____

☐ Damaged goods are available for carrier pick up

☐ Damaged goods are unavailable (please explain):

The following documentation should be included when filing a claim:

☐ Vendor's invoice showing pricing for lost or damaged goods.

☐ Consignee's copy of the freight bill bearing loss or damage notations

☐ Itemized repair/replacement bill, if applicable

☐ Inspection Report, if available.

Claimant Signature	Date
Printed Name	

Duckerings Transport Ltd.
Calgary Office:
Phone: 1(877)236-3696
Fax: 1(403)236-3092

Duckerings Transport Ltd.
Head Office:
Phone: 1(866)346-8855
Fax: 1(403)341-4110

Duckerings Transport Ltd.
Edmonton Office:
Phone: 1(877)451-4715
Fax: 1(780)447-5859