



6050 DIXIE ROAD, MISSISSAUGA L5T 1A6
ADMINISTRATION: (416) 213-7298
FAX: (905) 670-2692
DISPATCH: (416) 213-7299
FOR EXCHANGES OTHER THAN 416
TOLL FREE: 1-800-268-0940
www.armbrotransport.com

PRESENTATION OF LOSS AND DAMAGE CLAIMS FORM

(Name of claimant) Armbro Pro No. _____ Armbro Claim No. _____

(Address of claimant) Claimant Shipping No. _____ Claimant's Claim No. _____
Shipping Date _____ Date of Claim _____

Shipper _____ Consignee _____
Address _____ Address _____

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM 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:

- Original bill of lading, if not previously surrendered to carrier
- Original paid freight ("expense") bill - Copy of Delivery Pro
- Original invoice or photostatic copy
- Copy of Inspection Report
- Other Particulars obtainable in proof of loss or damage to carrier

Remarks: _____

The foregoing statements of facts is hereby certified to as correct: _____
(Name of claimant) (Signature of claimant)

Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim.
Claimant please place a check mark indicating which documents have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim.