



email: claims@dayandrossinc.ca

TO: FAX:

STANDARD FORM FOR PRESENTATION OF SHORTAGE AND DAMAGE CLAIMS

	n: Claims Department Main Street		
Har	tland, NB E7P 1C6	Date	Bill of Lading (Pro#)
This claim for	or \$ is made agai	nst the carrier named above	by
	(Amount of Claim)		(Name & Address of Company Submitting Claim)
Claim is for	SHORTAGE / DAMAGE (Circle	e to indicate)	
	ne & Telephone # of Claimant mitting claim)		
Description	of shipment		
Name and A	ddress of Shipper		
	ddress of Consignee (Whom ship from Claimant)	ped to)	
(Number and	•		\$ \$
	IN ADDITION TO THE I		nount Claimed \$ BOVE, PLEASE PROVIDE
		DOCUMENTS IN SUPPO	· · · · · · · · · · · · · · · · · · ·
()Bill of Lading		original Cost Invoice verifying claimed amount
()Paid Freight Bill (if applicabl)Proof of Delivery		Repair Bill (if applicable) elevant supporting documentation
		()Ouler, Re	elevant supporting documentation
NOTE:	Carrier liability is limited to \$2.00/lb unless otherwise stated on the Bill of Lading. The customer must retain damaged goods until such time as claim is settled.		
	Tel: (506) 375 4401	1 (800) 561 0013	Fax: (506) 375-5407