



# CLAIM FORM CARGO LOSS & DAMAGE

T.E.A.M.S. ATTENTION: FREIGHT CLAIMS 7-45 Beghin Ave. Winnipeg, MB R2J 4B9 Phone: (204) 222-6289 Fax: (204) 222-6241	TEAMS PRO BILL #: _____	INTERNAL USE  CLAIM ID: _____  DATE: _____
	PICKUP DATE: _____ DELIVERY DATE: _____	

### CLAIMANT INFORMATION

Company: _____ Address: _____ _____ _____	Contact Name: _____ Telephone: _____ Fax: _____ Email: _____
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### SHIPMENT INFORMATION

Shipper: _____ Consignee: _____ Shipping/loading description (How was cargo loaded?): _____ _____	City & Province: _____ City & Province: _____
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### CLAIM INFORMATION

<input type="checkbox"/> Noted Damage  <input type="checkbox"/> Shortage  <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Damaged goods can be used for an allowance of... _____ <input type="checkbox"/> Damaged goods can be repaired for ... _____ <input type="checkbox"/> Damaged goods are available for carrier pickup. _____ <input type="checkbox"/> Damaged goods are unavailable (explain)... _____
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### DETAILED DESCRIPTION OF HOW CLAIM AMOUNT HAS BEEN DETERMINED. INCLUDE QUANTITY AND DESCRIPTION OF ARTICLES, NATURE AND EXTEND OF LOSS, INVOICE COST OF ARTICLES, AMOUNT OF CLAIM, ETC.

_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
TOTAL CLAIM AMOUNT: _____	

### SUPPORTING DOCUMENTATION

<input type="checkbox"/> ORIGINAL INVOICE SHOWING COST OF THE PRODUCT <b>(REQUIRED – THIS IS NOT THE INVOICE FROM TEAMS FOR FREIGHT CHARGES)</b>	<input type="checkbox"/> Repair Invoice (if applicable) <input type="checkbox"/> Record of discounted sale (if applicable) <input type="checkbox"/> Inspection Report (if applicable) <input type="checkbox"/> Photographs (Please do not fax)
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### CLAIM PREPARED BY

_____	_____	_____	_____
NAME	SIGNATURE	PHONE	DATE

SEND YOUR CLAIM AND SUPPORTING DOCUMENTATION TO T.E.A.M.S. FOR PROCESSING