



CLAIM FORM CARGO LOSS & DAMAGE

HI-WAY 13 TRANSPORT LTD
Attention: Claims Department
4621-39 ST
Camrose, AB T4V 0Z4

Phone: (800) 316-2856
Fax: (780) 672-4155
Email: kyle@hiway13.com

Hi-Way 13 PRO#: _____	INTERNAL USE
Pick-up Date: _____	
Delivery Date: _____	
	Claim ID: _____
	Date: _____

CLAIMANT INFORMATION

Company: _____ Contact Name: _____
 Address: _____ Telephone: _____
 _____ Fax: _____
 Claimant ID#: _____ Email: _____

SHIPMENT INFORMATION

Shipper: _____ City & Province: _____
 Consignee: _____ City & Province: _____

CLAIM INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> Noted Damage | <input type="checkbox"/> Damaged goods can be used for an allowance of... _____ |
| <input type="checkbox"/> Concealed Damage | <input type="checkbox"/> Damaged goods can be repaired for _____ |
| <input type="checkbox"/> Shortage | <input type="checkbox"/> Damaged goods are available for carrier pickup _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Damaged goods are unavailable (explain)..... _____ |

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 Vendor Invoice showing the cost of the product (REQUIRED – This is not the invoice from HI-WAY 13 TRANSPORT for the freight charges) | <input type="checkbox"/> Repair Invoice (<i>if applicable</i>) |
| | <input type="checkbox"/> Record of discounted sale (<i>if applicable</i>) |
| | <input type="checkbox"/> Inspection Report (<i>if applicable</i>) |
| | <input type="checkbox"/> Photographs (<i>Please do not fax</i>) |

CLAIM PREPARED BY

 Name Signature Phone Date