



Email: solutions@dynamicconnections.com
To: Claims Department
Fax: 905-844-3748

STANDARD FORM FOR PRESENTATION OF SHORTAGE AND DAMAGE CLAIMS

Attn: Claims Department
2172 Wycroft Rd, Unit 4
Oakville, ON L6L 6R1

Date

Dynamic Order Number

This claim for \$ (Amount of Claim) is made against (Carrier Name) by (Name and Address of Company Submitting Claim)

Claim is for SHORTAGE / DAMAGE (Circle to indicate)

Contact Name & Telephone # of Claimant (person submitting claim)

Description of shipment

Name and Address of Shipper

Name and Address of Consignee (Whom shipped to)

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED

(Number and description of articles, nature and extent of shortage/damage, invoice price of articles, amount of claim, etc.)

Table with 2 columns: Description of items and Amount. Includes a Total Amount Claimed row.

IN ADDITION TO THE INFORMATION GIVEN ABOVE, PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM

- () Bill of Lading
() Paid Freight Bill (if applicable)
() Proof of Delivery
() Copy of original cost invoice verifying claimed amount
() Copy of repair bill (if applicable)
() Other, Relevant supporting documentation

The claimant certifies the foregoing to be correct;

Signature of Claimant:

Date:

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: (905) 844-7555

1-866-620-7555

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