

**LOSS OR DAMAGE**

**CLAIMS FORM**

Fax claim to (905) 696-9133 or

Email claim to collections@chargo.ca

Telephone #: Click here to enter text.

Fax #: Click here to enter text.

Email Address: Click here to enter text.

Date: Click here to enter a date.

Customer Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

Postal Code/Zip Code: Click here to enter text.

Claim is filed for:  Visual Damage (noted on delivery slip/BOL)

Shortage (Noted on delivery slip/BOL)

Concealed Damage (Discovered after delivery)

No Freight Delivered – Shipment Lost

Claim Amount: $ Click here to enter text. Currency: Click here to enter text.

Chargo Order #: Click here to enter text. Your Reference #: Click here to enter text.

**Detailed statement showing how amount claimed is determined**

(Number & description of articles, nature & extend of loss or damage, invoice price of articles, amount of claim etc)

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Description** | **Cost** | **Total** |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | | TOTAL $ | Click here to enter text. |

Please ensure copies of the following documents are included with your claim:

Original Bill of Lading  Original Invoice/Suppliers/Repair Invoice

Paid Freight Bill  Carriers Inspection Report (if available)

**Salvage Retention**

Any & all merchandise, including damaged parts, must be held for carrier disposition. Failure to do so could result in declination of your claim.

**PLEASE ALLOW 30 DAYS TO PROCESS AFTER RECEIPT**