

# ***Standard Form for Presentation of Loss and Damage Claims***

## Clear Form

M/\_\_\_\_\_ D/\_\_\_\_\_ Y/\_\_\_\_\_  
(Date)

(Name of Claimant)

( ) \_\_\_\_\_ - \_\_\_\_\_  
(Claimant's Telephone Number)

(Claimant's Address)

( ) \_\_\_\_\_ - \_\_\_\_\_  
(Claimant's Fax Number)

(City, Postal Code)

**REMIT TO:**

## NPE Atlantic

1795 White Hills Run,  
Hammonds Plains, NS,  
B4B 2A8

**Telephone: 855-835-5494**

This Claim for the amount of \$\_\_\_\_\_ is made against the carrier named above by: \_\_\_\_\_  
(Name of Claimant)

for \_\_\_\_\_ in connection with the following described shipments:

## (Loss or Damages)

Name and Address of consignor (shipper):

Shipped from: **To:**

Paid probill number: \_\_\_\_\_ Date of probill: \_\_\_\_\_

Name and address of consignee (whom shipped to):

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED**

Total Amount Claimed: \$ \_\_\_\_\_

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:**

1. Original Bill of Lading, if not previously surrendered to carrier.
2. Original PAID Freight (expense) Bill.
3. Original Invoice or Photostat Copy.
4. Other particulars obtained in proof of loss or damage claimed.

Remarks: \_\_\_\_\_

The foregoing statement of facts is hereby certified to be correct.

Signature of Claimant

NOTE: CLAIM MUST BE FILED WITHIN 60 DAYS FROM THE DATE UPON WHICH YOU RECEIVED YOUR SHIPMENT.

