

PROVOST FREIGHT LINES INC.

P.O. Box 681, Provost, AB. T0B 3S0 / Phone: (780)753-2299 / Fax: (780)753-6764

Loss and Damage Claim

<u>CLAIMANT'S NAME</u>		<u>DATE</u>	
<u>REFERENCE OR CLAIM #</u>	<u>CLAIMANT'S TELEPHONE NO.</u>	<u>CLAIMANT'S FAX NO.</u>	
<u>CLAIMANT'S ADDRESS</u>	<u>CITY, PROV. POSTAL CODE</u>		

<u>CLAIM AMOUNT</u> \$	<u>CLAIM FOR</u> __ Shortage __ Damage __ Other (specify):		
<u>SHIPPER</u>	<u>CONSIGNEE</u>		
<u>ORIGIN</u>	<u>DESTINATION</u>		
<u>CARRIER PRO # or ATTACH A COPY OF THE BILL OF LADING</u>	<u>PICKUP DATE</u>		

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE

- Damaged goods cannot be repaired replacement cost \$ _____.
- Damaged goods can be repaired for approximately \$ _____.
- Damaged goods are available for carrier pickup.
- Damaged goods are unavailable (please explain):

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

- Vendor's invoice showing price of lost or goods, including final page.
- Consignee's copy of the freight bill bearing loss or damage notations.
- Itemized repair bill, if applicable.
- Inspection Report, if available.

Please Note:

- *The carrier's liability is limited to \$2.00 per pound based on the actual weight of the shipment, unless the shipper has shown a declared value of the freight on the bill of lading.
- *Carrier is not responsible for concealed damages.
- *A claim must be received by the carrier within 30 days of the delivery date.
- *All damaged goods and packaging must be retained at the consignee and inspected by carrier or claim could be *denied.

CLAIMANT'S SIGNATURE:

DATE: