



CLARK FREIGHTWAYS

DIVISION OF CLARK REEFER LINES LTD.



CUSTOMER CLAIM FORM

THE CLAIM FORM MUST BE FILED BY THE PAYOR OF THE FREIGHT CHARGES

Make Cheque Payable To:

Claimant: _____

Claimant Details:

Address: _____

City: _____

Postal Code: _____

Send Claims To:

Clark Freightways c/o Claims Department
35 Burbidge Street, Coquitlam, BC, V3K 5Z2
Fax: 604.472.2137

Phone #: _____

Fax #: _____

Claim #: _____

Shipment Description:

Pro Number: _____

Shipper: _____

Consignee: _____

Date of Pickup: _____

Origin: _____

Destination: _____

A claim is hereby filed against **Clark Freightways** in the amount of _____ by reason of: Shortage Damage Other: _____

Briefly describe what the claim represents and detail how the amount of the claim was calculated:

If the claim involves damaged goods, please check one or more of the following:

- Damaged goods can be repaired for approximately _____
- Damaged goods can be used "as is" for an allowance of _____
- Damaged goods are unavailable (explain): _____
- Damaged goods are available for carrier pickup.

To avoid delay in processing your claim, please attach the following documentation:

- ✓ Vendor's invoice showing the price of lost or damaged goods (please include final detailing discounts).
- ✓ Consignee's copy of the freight bill bearing loss or damage notation (POD).
- ✓ Itemized statement detailing how the amount of loss claimed has been calculated.
- ✓ Invoice for repair detailing parts and labour, if applicable.
- ✓ Copy of paid freight bill, if applicable.
- ✓ Inspection report, if applicable.
- ✓ If the Clark Freightways pro number is unknown please provide a copy of the Bill of Lading.

Claimant's Signature

Claimant's Name (print):

Date: