



Standard Form for Presentation of Loss and Damage Claims

PLEASE REMIT COMPLETED FORM TO: Claims@midlandtransport.com or fax to 506-858-7701

Month	Date	Year	Company Name of Claimant
Contact Person		Claimant's Address	
Claimant's Telephone Number		City / Province / Postal Code	
Claimant's File Reference Number		Claimant's Email Address	

The 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

Description of Shipment: _____
 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.