

# Standard Form for Presentation of Loss and Damage Claims

M/\_\_\_\_ D/\_\_\_\_ Y/\_\_\_\_ \_\_\_\_\_  
(Date) (Name of Claimant)()\_\_\_\_\_-\_\_\_\_\_  
(Claimant's Telephone Number) (Claimant's Address)()\_\_\_\_\_-\_\_\_\_\_  
(Claimant's Fax Number) (City, Postal Code)

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

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

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 30 DAYS FROM THE DATE UPON WHICH YOU RECEIVED YOUR SHIPMENT.****REMIT TO:**

**BYEXPRESS TR5 BDORTATION  
c/o CLAIMS DEPARTMENT  
306-1228 OLD INNES ROAD  
OTTAWA, ON  
K1B 3V3**