



LOSS AND DAMAGE CLAIM FORM

Today's Date: _____

Claimant's Claim Number: _____

Mail to: Claims Department
Heart Logistics Inc.
6975 - D Pacific Circle,
Mississauga, Ontario
Canada L5T 2H3

CLAIMANT
Company Name
Street Address
City,
State/Prov.

Fax to: (905) 362-1010

SHIPPER
Company Name
Street Address
City,
State/Prov.

CONSIGNEE
Company Name
Street Address
City,
State/Prov.

Our claim is filed for (check one):
 Shortage Visible Damage Concealed Damage Other _____

Pieces	ITEMIZED DESCRIPTION OF ARTICLES INCLUDING MODEL NUMBERS, SIZE, COLOR, MARKINGS, ETC.	CONDITION	UNIT	AMOUNT
		(CIRCLE ONE)	PRICE	CLAIMED
		NEW / USED		
		NEW / USED		
		NEW / USED		
		NEW / USED		
		NEW / USED		
		NEW / USED		

Required total amount claimed: _____

Your claim must be supported by at least one document from each of the categories below (where applicable)
Failure to include sufficient documentation will delay settlement of your claim.

Documentation of Transportation Contract

- Copy of the Paid freight bill
- Copy of the original Bill of Lading

Documentation that supports the Occurrence of shortage or damage

- Consignee copy of delivery receipt
- Copy of the inspection report
- A detailed description of the shortage or damage including brochures drawings, photographs, etc.

Documentation supporting Value of Goods and amount claimed

- Copy of the complete original invoice
- Copy of the original repair invoice
- Copy of the original Bill of Lading

Other Documentation (list)

- 1) _____
- 2) _____

PREPARER'S NAME (PRINT) _____

TELEPHONE NUMBER _____

PREPARER'S SIGNATURE _____

FAX NUMBER _____

DATE _____

E-MAIL ADDRESS _____