



**STANDARD FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIMS**

Att: Claims Department  
350 MacNaughton Avenue  
Moncton, New Brunswick  
E1H 2K1

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Bill of lading

This claim for \$\_\_\_\_\_ is made against the carrier named above  
by \_\_\_\_\_  
( Name & address of Claimant)

Claim is for LOSS / DAMAGE ( Please Circle)

Description of Shipment \_\_\_\_\_

Name and Address of Shipper \_\_\_\_\_

Name and address of shipper ( Whom shipped to) \_\_\_\_\_

Detailed statement showing how claim amount is determined  
( Number and description of articles, nature and extent of loss or damage, invoice price,  
amount of claim, etc.

In addition to the information given above, please provide the following documents in support of this claim.

- |  |   |
|--|---|
| ( <input type="checkbox"/> ) Bill of Lading    | ( <input type="checkbox"/> ) Copy of original Cost Invoice verifying amount |
| ( <input type="checkbox"/> ) Paid Freight bill | ( <input type="checkbox"/> ) Copy of repair bill ( if Applicable )          |
| ( <input type="checkbox"/> ) Proof of Delivery | ( <input type="checkbox"/> ) other, relevant supporting documentation       |

Note: Carrier liability is limited to \$2.00 /lb unless otherwise stated on the bill of lading.  
The customer must retain damaged goods until such time as a claim is settled

**350 MacNaughton Avenue Moncton, New Brunswick E1H 2K1**  
**Ph.506-853-0499 fax:506-384-8779**  
**jworton@focuslogistics.ca**