



Loss & Damage Claim

Claimant - Account No.

Location of Damaged Shipment (IF APPLICABLE)

NAME

CONTACT PERSON

COMPANY (IF APPLICABLE)

COMPANY (IF APPLICABLE)

ADDRESS

ADDRESS

CITY PROVINCE Postal Code

CITY PROVINCE POSTAL CODE

TELEPHONE: --

TELEPHONE: --

Your Reference Number (OPTIONAL) _____

Retain all damaged freight and packaging at receiving location until claim finalized

Sender

Receiver

NAME (CONTACT PERSON)

NAME (CONTACT PERSON)

COMPANY (IF APPLICABLE)

COMPANY (IF APPLICABLE)

ADDRESS

ADDRESS

CITY PROVINCE POSTAL CODE

CITY PROVINCE POSTAL CODE

TELEPHONE: --

TELEPHONE: --

Reason for Claim

- Lost Parcel(s)
- Damaged Parcel(s)
- Item(s) Missing From Damaged Parcel(s)

Amount Claimed \$ _____

Our Case Reference Number

Description of Goods

* PIN N^O./ Tracking Number(s) _____

Date Shipment Sent _____/_____/_____

Provide Brief Description (INCLUDE: COLOUR/WEIGHT/DIMENSIONS/MANUFACTURER/MODEL/SERIAL NO./PART NO.). Enclose Sketch Or Photo.

SHIPPING CHARGES:

Please submit the following with your claim(s) :

1. A copy of the original Purolator Bill of Lading or Manifest (obtain from sender).
2. A copy of the original Cost Invoice verifying the claimed amount. This invoice should indicate the actual breakdown of costs claimed. These costs should reflect only your wholesale/manufacturer's costs and should not include retail markup/profit.
3. A copy of Damaged Inspection Report (if applicable).
4. A copy of the Repair Bill (if applicable).
5. Any other relevant supporting documentation.

MAIL completed form and supporting documentation to:

Purolator, National Claims Office,
140 Champlain Street, Suite 200, Dieppe, New Brunswick E1A 1N8

TELEPHONE : 1-800-461-0540

FAX : 1-800-447-6933

E-MAIL :

PUROLATOR

1 800-461-0540
www.purolator.com

I hereby certify that all information on this form is true.

Claimant's

Signature _____ Date _____

Ce document existe aussi en français.

PLEASE GO TO www.purolator.com OR CONTACT OUR CLAIMS DEPT. FOR A COPY OF OUR TERMS & CONDITIONS.