



# STANDARD CLAIM FORM

## Operations - Claims

MONTH	DAY	YEAR	CLAIMANT'S REFERENCE	PRO DATE	PRO. NUMBER	CLAIM AMOUNT
SHIPPER			CITY	PROVINCE / STATE		CODE
CONSIGNEE			CITY	PROVINCE / STATE		CODE
						ORIGIN
						DESTINATION

### CLAIMANT:

NAME			CASE		
STREET			COMMODITY		
CITY	PROVINCE	POSTAL CODE	STATUS		
CONTACT NAME			TELEPHONE NUMBER		

### DESCRIPTION / COMMENTS:

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### PLEASE ENCLOSE DOCUMENTATION AS REQUESTED BELOW:

<b>Nature of Claim:</b>	Non delivery of entire shipment	<b>A, B, C</b>
	Shortage	<b>A, B, C, D</b>
	Un-repairable damage	<b>A, B, C, D, E, G, H</b>
	Repairable damage	<b>A, B, C, D, E, F, H</b>

### DOCUMENTATION REQUIRED:

- A** - Copy or Photostat of Shipper's Original Bill of Lading
- B** - If The **CONSIGNEE** Is The Claimant: Certified Copy of Supplier's Original Invoice To Claimant At The Time And Date of The Shipment
- C** - If The **SHIPPER** Is The Claimant: Written Confirmation or Inventory Printout Showing That The Claimed Prices Are Based on The **ACTUAL COST** of Goods At The Time And Place of This Shipment
- D** - Paid Freight Bill
- E** - TForce Freight Canada Inspection Report (If Amount Is More Than \$400.00)
- F** - Certified Copy of Repair Invoice Including Complete Breakdown of Labour, Materials, Receipts, Etc.
- G** - Salvage Disposition - Advise In Writing As To The Location of The Damaged Goods
- H** - Consignee's Copy of Delivery Receipt Showing Exceptions

- PLEASE NOTE:**
1. Claims may be delayed if incomplete documentation is submitted
  2. All claims or intents must be received in writing within **60 days** from the date of delivery, or in the event of a total loss of shipment, 9 months from the date of shipment
  3. HST/GST is not applicable on freight claims and will be deducted from the amount if claimed
  4. Upon receipt of your formal claim, a file number will be issued and an acknowledgment sent via Canada Post. If you do not receive this Claim Acknowledgment Form within 15 days of filing, please contact us immediately at 905-238-8211 or 800-461-8023

### PLEASE FORWARD ALL DOCUMENTATION ALONG WITH A COPY OF THIS FORM TO:

**CENTRAL CLAIMS**  
**TFORCE FREIGHT CANADA**  
 5425 Dixie Road, Building B, Mississauga, Ontario, L4W 1E6  
 Fax 905-282-7651  
[claims@tforcefreightcanada.com](mailto:claims@tforcefreightcanada.com)