

CSV GLOBAL INC
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STANDARD FORM FOR FILLING LOSS AND DAMAGE CLAIMS

| | | |
|---|-----------------------|-------|
| _____ | _____ | _____ |
| (Name of person to whom claim is presented) | (Address of Claimant) | Ref# |
| _____ | _____ | _____ |
| (Name of carrier) | (Address of Carrier) | Ref# |
| _____ | | |
| (Date) | | |

This claim for \$ _____ is made against the carrier mentioned above by _____
 (Amount) (Name of Claimant)

for _____ in connection with the following described shipment:
 (loss or damage)

Description of Shipment: _____

Name and address of consignor (shipper): _____

Shipped from _____ to _____
 (City, town or station) (City, town or station)

Date of Bill of Lading: _____

Bill of Lading Number/Pro bill number: _____

Consignee Name: _____ Address: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

| | |
|----------------------|--|
| | |
| | |
| | |
| | |
| | |
| Total Amount Claimed | |

In addition to the information stated above, the following documents are submitted in support of the claim:

- Original Bill of Lading Paid Freight (expense) bill Proof of Delivery
- Copy of repair bill Original Invoice
- Other _____

Remarks: _____

The aforementioned statement of facts is hereby certified as correct _____

Note: Our liability is limited to \$2.00/lb unless otherwise stated on the Bill of Lading