

CLAIM FORM LOSS AND DAMAGE

MAIL TO: Ippolito Transportation Attn: Claims Department 201 North Service Road, Burlington, ON Phone: 905 639 1174 claims@ippolito.biz	Date:
	Ship Date:
	Ippolito Load/Invoice #:
	Your reference #:

This claim is for \$ <input type="checkbox"/> USD <input type="checkbox"/> CAD in connection with the described shipment for: <input type="checkbox"/> Damage <input type="checkbox"/> Shortage <input type="checkbox"/> Other (Please specify):	
Shippers Name:	Consignee's Name:
Point Shipped From:	Final Destination:

DESCRIPTION OF ITEMS CLAIMED			
Please indicate the quantity, description, landed or invoice cost, etc. as reflected on the supporting documentation. Include all discounts and allowances. If goods can be repaired please include a repair quote, or if goods can be used/sold as-is, please provide credit or allowance amount.			
Qty	Item #	Description	Invoice Cost
	← Total Qty		Total Invoice Cost →

DETAILED STATEMENT OF WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM AMOUNT IS DETERMINED

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:			
<input type="checkbox"/> Original/copy of supplier invoice	<input type="checkbox"/> Bill of Lading		
<input type="checkbox"/> Inspection Report (if applicable)	<input type="checkbox"/> Delivery Receipt		
<input type="checkbox"/> Repair Quote/Estimate (if applicable)	<input type="checkbox"/> Images (product & packaging)		
<input type="checkbox"/> Other particulars (please specify):			
THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT			
Claimant Company Name:		Contact:	
Mailing Address:		Phone:	Fax:
City:	State/Province:	Zip/Postal Code:	Email Address:

We thank you for having Ippolito Transportation as your carrier; we appreciate your business and will make every effort to settle your claim in a fair and timely manner.