



Formal Claims Form

Complete and email the following application and documentation to the Claims Department at claims@ippolitogroup.com

If Application for Claim is for Ippolito Transportation Inc., please select from the following services:

Damage Shortage Loss

Application Information

Your Name _____

Company Name _____

Customer Account Number _____

Street Address _____

City _____ Province/State _____ Zip/Postal Code _____

Country _____

Phone _____ Email _____

Claim Information

Your Reference _____

Bill of Lading _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Total Skids/Pallets _____ Total Weight _____

Claim Amount _____ \$ CDN \$ US

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:	
Original/copy of supplier invoice	Bill of Lading
Inspection Report (if applicable)	Delivery Receipt
Repair Quote/Estimate (if applicable)	Images (product & packaging)
Other particulars (please specify):	Original PAID Freight (expense) Bill.

The foregoing statement of facts is hereby certified to be correct.

SIGNATURE _____ DATE _____

NOTE:

- Concealed Damage must be reported to Ippolito Transportation Inc within 24 hours of the delivery, any reports after 24 hours will not be accepted.
- Any Freight Claim must be submitted to Ippolito Transportation using the Claim Form within 2 months of delivery for damage and/or shortage or 9 months for total loss.
- Standard carrier liability for any loss or damage is limited to \$2.00/lb on the total weight of the shipment unless a higher value is declared by the shipper on the bill of lading, to a max value of \$25,000.00 in Canadian Funds.
- Terms and Conditions are available online at: <https://ippolitotransportation.com/terms-conditions/>