

Statement of Claim

Fast-Links Contact Information:

Address: 56 Romina Drive, #2

City/Province: Vaughan, Ontario

Postal Code: L4L 0C4

Phone: 905-851-4773

Fax: 905-660-9331

E-mail: info@fast-links.com

Claimant Contact Information:

Address: _____

City/Province: _____

Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Shipper Reference Number: _____

Probill Number: _____

Shipment Date: _____

Type of Claim: Damage Short Loss

Request for inspection: Yes No

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED. INCLUDE NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE COST OF ARTICLES, AMOUNT OF CLAIM, ETC.	
Total Amount Claimed	\$

From: Shipper _____

To: Consignee _____

Please review the required documents as listed below to ensure that your claim is complete:

- Copy of bill of lading
- Copy of inspection report
- Copy of the suppliers invoice or a stock transfer certificate
- Copy of the signed delivery receipt
- Any other documents which might support your claim

Time Guidelines for Freight Claim Settlements as set out by the Canadian Transportation Council

- Concealed damage (POD not marked) - 24hours to call and request an inspection
- Damage noted on the POD but product was kept – 14 days to call for inspection
- Partial Shortage noted on the POD – notify us ASAP –60days to claim or send intent
- Damage piece refused – 60 days to file a claim or an-intent
- Full and actual loss of a shipment – you have up to 9 months to file a claim

Signature: _____

Date: _____