

60 EAGLE DRIVE, WINNIPEG, MANITOBA R2R 1V5 TEL 204.633.5795 FAX 204.697.1132

> **WWW.GARDEWINE.COM** Email: <u>claims@gardewine.com</u>

## Cargo Loss & Damage Claim

	Date Prepared:				
Claimant Informat	tion				
Claimant Name (pay	vable to):				
Mailing Address:					
City, Province:		Postal Code:			
Remit to address (if o	different from above):				
Contact Name:		Telephone No:			
Email:		Fax No:			
	Cordowing Dro No				
Type of Claim:	Shortage Damage	Other (specify)			
	Detailed Statement Showin	ng how Amount of Claim is Determined			

Quantity	Description	Item/Part #	Price Per Item	Extended Total
		Total Claimed Amount		

Please attach copies of:

SUPPLIER'S ORIGINAL INVOICE showing ALL COST PRICES and discounts

**ITEMIZED REPAIR INVOICE** showing hours of labour, rate per hour, and cost of materials

Additional Documents – inspection report, photos, statements, etc.

## Please allow a minimum of 45 days to process after receipt.

**SALVAGE** must be retained until claim is finalized. Failure to do so could result in a reduction of your claim if Gardewine is found liable.

Address where Salvage is available:

Contact Name: \_\_\_\_\_

Phone Number: