

Cargo Loss & Damage Claim

Date Prepared: _____

Claimant Information

Claimant Name (payable to): _____

Mailing Address: _____

City, Province: _____ Postal Code: _____

Remit to address (if different from above): _____

Contact Name: _____ Telephone No: _____

Email: _____ Fax No: _____

Claimant Reference No.: _____

Gardewine Pro No. _____

Type of Claim: Shortage Damage Other (specify) _____

Detailed Statement Showing how Amount of Claim is Determined

Quantity	Description	Item/Part #	Price Per Item	Extended Total
Total Claimed Amount				\$0.00

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: _____