

MIDLAND

Standard Form for Presentation of Loss and Damage Claims

PLEASE REMIT COMPLETED FORM TO: Claims@midlandtransport.com

Month

Date

Year

Company Name of Claimant

Contact Person

Claimant's Address

Claimant's Telephone Number

City / Province / Postal Code

Claimant's File Reference Number

Claimant's Email Address

The claim for the amount of \$ _____ is made against the carrier named above by _____
Name of Claimant

for _____ in connection with the following described shipments:
Loss or Damages

Description of Shipment: _____

Name and Address of Consignor (shipper): _____

Shipped From: _____ To: _____

Paid Probill Number: _____ Date of Probill: _____

Name and Address of Consignee (whom shipped to): _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Total amount claimed \$ _____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

1. Original Bill of Lading, if not previously surrendered to carrier.
2. Original PAID Freight (expense) Bill.
3. Original Invoice or Photostat Copy.
4. Other particulars obtained in proof of loss or damage claimed.

Remarks: _____

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

Signature of Claimant

NOTE: CLAIM MUST BE FILED WITHIN 60 DAYS FROM THE DATE UPON WHICH YOU RECEIVED YOUR SHIPMENT.