

CROSS BORDERS EXPEDITED LTD.

STANDARD FORM FOR LOSS OR DAMAGE CLAIM

Name of Company:

Contact Name:

Phone/Fax:

Date:

Street Address:

City / State:

This claim for \$ _____ (US/CDN) is made against your company for _____ in connection with the following shipment:

Shipper's Name:

Street Address:

City / State:

Pick up Date:

Consignee's Name:

Street Address:

City/State:

Delivery Date:

DETAILED STATEMENTS SHOWING HOW AMOUNT CLAIMED IS DETERMINED

	AMOUNT	
	\$	

Max Characters 1000

The following documents are submitted in support of this claim:

- Original Bill of Lading
- Original Invoice showing value of shipment
- Final proof of delivery
- Statement from customer outlining loss or damage
- Pictures