CLARKE TRANSPORT

Standard Claim Form

ProBill Number

PO #

Bill of Lading Number

First Name | MI | Last Name

Company

Street Address

City | State | Zip Code

Phone Number | Fax No.

Type of Loss ☐ Short ☐ Damaged ☐ Other

Description	Pieces	Value Excluding Tax	Currency
			Canadian
			Canadian
			Canadian
			Canadian
			Canadian
			Canadian
			Canadian

Documents Attached:

- ☐ Detailed Claim Statement
- ☐ Copy of Supplier's Invoice
- ☐ Repair Bill
- ☐ Delivery Receipt or Shed Check
- ☐ Inspection Report (If Any) or Waiver #
- ☐ Outturn Report (Original Sent)

Special Remarks or Recommendations