



DATE

Claim Statement

Pro Bill #

PO #

Bill of Lading #

This claim is presented to
Clarke Transport Inc for
investigation and
resolution.

First Name Last Name

Company

Street Address

City Prov. Postal Code

Phone # Email Address

Type of loss Short Damage Other

| Description | # of Pcs | Cost/pc | Value Claimed exclude tax |
|----------------------------------|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TOTAL CLAIMED exclude tax | <input type="text"/> | | <input type="text"/> |

Documents Attached:

| | | | |
|--------------------------|----------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Detailed Claim Statement | <input type="checkbox"/> | Delivery Receipt |
| <input type="checkbox"/> | Copy of Supplier's Invoice | <input type="checkbox"/> | Inspection Report (if any) |
| <input type="checkbox"/> | Repair Bill (if any) | <input type="checkbox"/> | Other Documents |

Special Remarks: