



Date: _____

Freight Loss & Damage Claim Form

Probill #: _____

Claimant's Name: _____ Claimed Amount: \$ _____

Claim Ref #: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel #: _____ Fax #: _____ email: _____

Prepared by: _____ Signature: _____

TYPE OF CLAIM: Damage Shortage Other _____

DESCRIBE WHAT THE CLAIM REPRESENTS AND HOW THE AMOUNT WAS CALCULATED

- The following is required to process your claim. If these documents are not provided your claim may be rejected.
- 1) **A COMMERCIAL/SUPPLIER'S INVOICE OR ORIGINAL SALES INVOICE, or REPAIR INVOICE, or "JOBBER INVOICE" or "REPLACEMENT PARTS INVOICE" and PACKING SLIPS**
 - 2) **INSPECTION REPORT WITH PICTURES**, taken by CFF inspector or company inspector, if applicable. Please note an **INSPECTION REPORT** alone is not a **NOTICE OF CLAIM**
 - 3) **PROOF OF DELIVERY**, a copy of Consolidated Fastfrate's delivery pro or beyond carrier's delivery probill showing the exception, signed by the receiving consignee and delivery driver.
 - 4) **A COPY OF THE "PAID FREIGHT BILL"** for the shipment.

COMPLETION OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY THE CARRIER. THE CARRIER RESERVES THE RIGHT TO PAY AND OR DECLINE THIS CLAIM. THE CLAIMANT IS REQUIRED TO ASSIST IN THE MITIGATION OF THE CLAIM. SALVAGE & PACKAGING MUST BE RETAINED BY THE CLAIMANT FOR INVESTIGATION & MITIGATION OF THE LOSS. SALVAGE IS A COMPONENT OF THE CLAIM WHICH MAY OR MAY NOT BE DEDUCTED FROM THE CLAIM.

Mail claim to: Consolidated Fastfrate Inc. **Claims Dept.** 9701 HWY 50 Woodbridge, Ontario L4H 2G4

Or Fax to: 905-893-1519 Consolidated Fastfrate Inc. Att: **Claims Dept.**

Or Scan and email to: torontoclaims@fastfrate.com

For additional information you may reach the claims department @ 905-893-2600 or 800-268-1564