



CLAIMS FOR LOSS OR DAMAGE

Claimant
Date

Claimant Mailing Address	Phone Number
City, Province, Postal Code	

Claimant Contact Name	Claimant's File Number
Shipper	Shipment Date (Pick-up date)
Consignee	Amount of Claim
Bill of Lading (If known)	Carrier's Freight Bill Number

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED			
	ρ Short	ρ Damaged	ρ Other
Total Amount Claimed			

Use separate page if additional room is needed.

Please *RETAIN ALL SALVAGE* until the claim is concluded by Landtran Express Inc.

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM	
ρ Original vendor's invoice, or certified copy	ρ Bill of Lading (Return shipment)
ρ Carrier's freight bill	ρ Inspection Report
ρ Applicable repair bill	

Remit to address if different from above: _____

SUBMIT CLAIM TO:

Landtran Express Inc. 9011 – 50th Street, Edmonton, AB T6B 2Y2
 Email. Claims@landtranexpress.com Fax. 780.468.6970 Phone.780.468.0775 Office Hours: 8:00 to 4:30 p.m. Mst