



**90 MacNaughton Ave., Moncton, NB E1H 3L9**  
**Tel: 1-(506)853-0499 fax: 1-506-384-8779**  
**dispatch@focuslogistics.ca**

**STANDARD FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIMS**

Att: Claims Department  
90 MacNaughton Avenue  
Moncton, New Brunswick  
E1H 3L9

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Bill of lading \_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against the carrier named above

By \_\_\_\_\_  
(Name & address of Claimant)

Claim is for LOSS / DAMAGE (Please circle)

Description of Shipment \_\_\_\_\_

Name and address of shipper \_\_\_\_\_

Name and address of shipper \_\_\_\_\_  
(Whom shipped to)

Detailed statement showing how claim amount is determined  
(Number and description of articles, nature and extent of loss or damage, invoice price, amount of claim, etc)

In addition to the information given above, please provide the following documents in support if this claim.

- |  |   |
|--|---|
| <input type="checkbox"/> Bill of lading    | <input type="checkbox"/> Copy of original Cost Invoice verifying amount |
| <input type="checkbox"/> Paid freight bill | <input type="checkbox"/> Copy of repair bill (if applicable)            |
| <input type="checkbox"/> Proof of delivery | <input type="checkbox"/> other relevant supporting documentation        |

Note: Carrier liability is limited to \$2.00 / lb unless otherwise stated in the bill of lading.  
The customer must retain damaged goods until such time as a claim is settled.