

**Maple Gate Logistics Form for Presentation of Loss and Damage Claims**

Name of person filing claim:	<b>Maple Gate Freight</b>	DATE
Name and address of Claimant		Claimant's Number
	<b>Mississauga, Ontario</b>	<b>Claim Number</b>
City, State, Zip	<b>FAX (905) 804-0205</b>	<b>Pro Number</b>

This claim for \$\_\_\_\_\_ is made against the Carrier named above by \_\_\_\_\_  
 For  loss  damage in connection with the following described shipments of paid Freight Bill # \_\_\_\_\_

Name and address of Shipper	Final Destination-Name and address of Consignee
Shipped From:	Date of Bill of Lading:
Shipped To:	Comments:

**DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED.**  
 (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc)

TOTAL DOLLAR AMOUNT CLAIMED	

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM\*\*\*\*\***

- ( ) 1. Original bill of lading, if not previously surrendered to carrier
- ( ) 2. Original paid freight bill.
- ( ) 3. Original invoice or certified copy.
- ( ) 4. Digital or Polaroid pictures

Explain the absence of any document called for in this claim. \_\_\_\_\_

**WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS**

**INDEMNITY AGREEMENT**

When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.

Foregoing statement of fact is hereby certified as correct.

_____	_____
Date	Name of Claimant
_____	_____
(Signature of Claimant)	Street Address
	_____
	City, Province, Postal Code