|  |
| --- |
| **Claimant Information** |
| **Full Name:**  | Click or tap here to enter text. |
| **Company Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Shipment Details** |
| **Bill of Lading (BOL) Number:** | Click or tap here to enter text. |
| **Shipment Weight:** | Click or tap here to enter text. |
| **Dimensions of Goods:** | Click or tap here to enter text. |
| **Type of Goods:** | Click or tap here to enter text. |
| **Description of Damage or Loss** |
| **Damage/Shortage Details:** | Click or tap here to enter text. |
| (Provide a detailed description of the | Click or tap here to enter text. |
| damage or missing goods) | Click or tap here to enter text. |
| **Mitigating Factors (if any):** | Click or tap here to enter text. |
| (Explain any circumstances that may have | Click or tap here to enter text. |
| contributed to the damage or loss) | Click or tap here to enter text. |
| **Value of Loss or Damage** |
| **Estimated Value of Damaged Goods or Lost Items: $** | Click or tap here to enter text. |
| **Attach Supporting Documents:** | (Invoice, estimate, photos of damaged goods, etc.) |
| **Attached** |[ ]
| **Not Attached** |[ ]
| **Declaration and Signature** |
| I, the undersigned, certify that the information provided above is true and accurate to the best of my |
| knowledge. I understand that submitting false information may result in the rejection of this claim. |
| **Claimant Signature:** |  |
| **Date:** | Click or tap to enter a date. |
|  |
| **Please Submit This Completed Form to:** | **ShipNorthAmerica Network Inc.** |
| **Email:** info1@shipnorthamerica.com |
| **Mailing Address:** 1925A Barton Street East Hamilton Ontario CANADA L8H 2Y7 |
| **For inquiries, contact our Claims Department at:** 877-744-7762 |