|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | | | |