

Kindersley Transport Ltd. Harv Wilkening Transport Ltd. *DBA* Edge Transportation Services Ltd. Quill Transport Ltd. STG Fleet Services

Claim Application Form

(Please Print)

To file a shipment loss or damage claim, complete and email the following application and documentation to the Claims Department at **claims@kindersleytransport.com** or fax to **(888) 657-1543**

If Application for Claim is for **Kindersley Transport Ltd.**, please select from the following services:

Express

Less-Than-Truckload

Truckload

Application Information

Your Name _____

Company Name _____

Customer Account Number _____

Street Address _____

City _____ Province/State _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____ Emails _____

Claim Information

Your Reference _____

Waybill # _____

Description of Damaged and/or Missing Article(s)

Total Pieces _____ Total Weight _____

Claim Information

Claim Amount _____ \$ CDN \$ US

IN ORDER TO AVOID DELAY IN SETTLEMENT OF YOUR CLAIM, A COPY OF THE SUPPLIER'S INVOICE FOR THE PRODUCT IN QUESTION AND/OR A REPAIR BILL WHEN APPLICABLE MUST ACCOMPANY YOUR CLAIM APPLICATION.

SIGNATURE _____ DATE _____

NOTE

* Damaged product must be retained until the claim has been finalized.

* A claim or the Intent to Claim must be filed in writing to the carrier within sixty (60) days of the date of delivery.

* The carrier's liability is limited to \$2.00 per pound per article unless the value of the shipment is stated on the bill of lading.

