



CUSTOMER CLAIMS REPORT

IF YOU HAVE RECEIVED A DAMAGED SHIPMENT OR DID NOT RECEIVE A SHIPMENT, PLEASE COMPLETE THE FOLLOWING AND FAX TO COMOX PACIFIC CLAIMS DEPARTMENT ATTENTION: BRENDA CHURSINOFF 604-580-4601. PPLEASE PRINT CLEARLY.

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone # _____ Fax # _____ Email _____

Contact Name: _____

Overland West Bill of Lading # _____

Approximate Cost of Claim _____

Shipper / Supplier _____

Used / New Goods _____

Damaged: Yes _____ No _____ Shortage _____

Does Outer Packaging Show Evidence of Damage: Yes _____ No _____

Describe Packaging Condition: Crushed ___ Creased ___ Wet ___ Punctured ___ Other _____

Description of Damage	Location (Top/Bottom/Middle)	Approximent Value
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Can damage goods be repaired: Yes _____ No _____

If YES, advise approx repair cost \$ _____ and name of company or technician to make repairs _____.

If you are unable to arrange repairs/salvage, are the goods described available for Salvage and disposal on a non-prejudicial basis and do you wish to arrange pick up:

Yes _____ No _____.

To avoid delay of the claim process, please include a copy of the original Bill of Lading, Commercial invoice, any repair invoice and replacement invoice. Please keep damaged Goods and packaging for inspection purposes. Report completed by:

_____ Date: _____

Please Print Name: _____

NOTE: Claims are HST/PST/GST EXEMPT / Maximum liability is \$3.00 per pound Unless declared value shown on the Bill of Lading at time of shipment. Used Equipment is Restricted to a Maximum liability of \$0.30 per pound.