

Damage / Loss Claim Form

Please submit claims to:	Mr. Dwayne Canning	Fax:	709 896 2264
	Nunatsiavut Marine Inc	Email:	dcanning@labradorferry.ca
	P.O. Box 1000 STN B		
	Happy Valley - Goose Bay, NL AOP 1E0		

Claimant's Name: _____	Bill of Lading Number: <input type="text"/>
Address: _____	Date of Claim: <input type="text"/>
_____	Claim Amount: \$ <input type="text"/>
_____	Contact Person: _____
Phone #: _____	Email Address: _____

Reason for Claim: _____

Was damage reported at time of delivery (Yes/No): <input type="text"/>	Remaining value of damaged goods: \$ <input type="text"/>
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Indicate which documents have been submitted in support of your claim:	<input checked="" type="checkbox"/>
Copy of Bill of Lading: <input type="text"/>	Repair / replacement Estimate: <input type="text"/>
Original Invoice: <input type="text"/>	Other Particulars: <input type="text"/>

All Claims, including required support documents, must be submitted to the above address within ninety (90) days of loss or damage. Concealed damage must be reported within three (3) days of delivery. Refund goods must be returned to Nunatsiavut Marine upon request.

These procedures must be followed or claim will be rejected.

By signing below, I hereby certify to the best of my knowledge the above information is correct

Authorized Signature: _____ Date: _____

Office Use Only	
Claim Approved By: _____	Date: _____
_____	_____