



LETTER OF INTENT TO CLAIM

ATTENTION: CLAIMS DEPT
7890 EXPRESS STREET
BURNABY, BC
V5A 1T4

E-MAIL: claims@loomis-express.com
PHONE: 1-866-223-8319
FAX: 604-297-0706

DATE: _____ CLAIMANT'S INTERNAL REF. # _____
(Optional - for Claimant's Use Only)

CLAIMANT DETAILS

COMPANY NAME: _____
ADDRESS: _____
CITY / PROV. _____ POSTAL CODE: _____
TELEPHONE #: _____ FAX #: _____
MAILING ADDRESS: (If different from above) _____
CONTACT NAME: _____ EMAIL ADDRESS: _____

I am making a claim for the amount of \$ _____ which represents the value of the goods
shipped on (Date:) _____ on Loomis Express Waybill # _____

Content Details: _____

The shipment was (choose one) COMPLETELY or PARTIALLY CONTENTS MISSING
FROM BOX / ENV.
 DAMAGED or LOST

The goods were shipped:

(Shipper Details)

(Consignee Details)

FROM: _____ TO: _____
ADDRESS: _____ ADDRESS: _____
PHONE #: _____ PHONE #: _____
EMAIL: _____ EMAIL: _____

REQUIRED ATTACHMENTS:

Claim may not be considered if applicable items are not received.

Copy of the ORIGINAL PURCHASE INVOICE (not your selling invoice); or the manufacturing cost, or percent markup to substantiate your cost and the amount being claimed.

FOR DAMAGE CLAIMS

Copy of the inspection report OR the inspection request reference number
 If possible - pictures of the damaged package, packing material and damaged item.
 If repairable - estimate or invoice for repairs

Complete Terms & Conditions at www.loomis-express.com

CLAIMANT'S SIGNATURE