



Claimant: Date:

Claimant Mailing Address: Claimant File # (claimant assigns):

City: Province: Postal Code: Amount of Claim: \$

Phone #: York Bill #:

Fax #: Shipment Date (pick up date):

Shipper: Bill of Lading # (if available):

Consignee: Claimant Contact Name:

STATEMENT OF CLAIM

INDICATE AMOUNT CLAIMED

Short

Full Value:

Damaged

Repair:

Other

Allowance:

No. of Pcs Description of articles including model # etc.

Total Amount Claimed: \$

NOTE: GST IS NOT APPLICABLE TO FREIGHT CLAIMS, PER REVENUE CANADA

Use separate page for additional comments & information.

Please RETAIN ALL SALVAGE (for full value claims) until the claim is concluded by York Transportation Group.

The following documents are required in support of this claim where applicable:

- Copy of original suppliers invoice
Copy of repair bill, or replacement invoice
Copy of damage to inspection report

Submit claim to: Claims Processing Department, York Transportation Group

165 Summerlea Road, Brampton, ON, L6T 4P6

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