



Cargo Loss and Damage Claim Form

For Carrier Use Only

Date Received:

Claim#

MARITIME-ONTARIO FREIGHT LINES LIMITED

1 MARITIME-ONTARIO BLVD.
BRAMPTON, ONTARIO
L6S 6G4
Phone: 905-792-6100
Email: claims@m-o.com

CLAIMANT INFORMATION:

Claimant Company Name: _____
(Payable to)

Date: _____

Contact Name: _____

TYPE OF CLAIM:

SHORTAGE **DAMAGED**

Mailing Address: _____

SHIP DATE: _____

Telephone: _____

FREIGHT BILL # _____

Email Address: _____

CLAIMANT REF# _____

CLAIM DETAILS:

QTY	Description	Unit Price	Sub Total
<i>Total:</i>			

Please note taxes are not included in cargo claim

Weight of Shipment in LBS _____ **\$2.00/lb Maximum Liability: \$** _____

Documents required to file a Claim:

- A - The original bill of lading and/or copy of the M-O probill to enable identification of the shipment.
- B - A copy of the original suppliers invoice as proof of the value of the shipment and/or copy of the suppliers invoice for repairs or replacement parts
- C - The original paid freight bill for the shipment
- D - An itemized statement for the loss
- E - Additional Documents (Photos, Statements, etc.)

PLEASE SEND CLAIM TO:

CLAIMS@M-O.COM