



# 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](mailto:claims@m-o.com)

## CLAIMAINT INFORMATION

Claimant Company Name: \_\_\_\_\_  
(Payable to)

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

TYPE OF CLAIM:

Mailing Address: \_\_\_\_\_

SHORTAGE       DAMAGED

Telephone: \_\_\_\_\_

SHIP DATE: \_\_\_\_\_

Email Address: \_\_\_\_\_

FREIGHT BILL # \_\_\_\_\_

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 supplier's invoice as proof of the value of the shipment and/or copy of the supplier's 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](mailto:CLAIMS@M-O.COM)