

# Loss and Damage Claim

CLAIMANT - Account Number \_\_\_\_\_

LOCATION OF DAMAGED SHIPMENT (if applicable)

Name/Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Company \_\_\_\_\_

City Province Postal Code

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City Province Postal Code

Your Reference Number (optional) \_\_\_\_\_

Telephone \_\_\_\_\_

**\*Retain All Damaged Freight and Packaging Until Claim is Finalized\***

**SHIPPER**

**RECEIVER**

Name/Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Company \_\_\_\_\_

City Province Postal Code

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City Province Postal Code

Telephone \_\_\_\_\_

**REASON FOR CLAIM**

- Service Failure
- Damaged Shipment(s)
- Item(s) Lost From Damaged Shipment(s)

Amount Claimed \$ \_\_\_\_\_

Description of Goods: \_\_\_\_\_

Date Shipment Sent \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YEAR

Provide brief description (ex: manufacturer/model/serial no./part no.) and enclose sketch or photo (if applicable/available).

**SHIPPING CHARGES**

When claiming a refund of shipping charges, you must attach a copy of RS Express Billing Invoice with your claim. You must submit the following with your claim(s):

1. A copy of the Bill of Lading pertaining to the shipment.
2. A copy of the original cost invoice verifying the claimed amount. This invoice should indicate the actual breakdown of costs claimed. These costs should reflect only your wholesale/manufacturer's costs and should not include retail market markup/profit.
3. A copy of the Damage Inspection Report (if applicable).
4. A copy of the Repair Bill (if applicable).
5. Any other relevant supporting documentation.

*I hereby certify that all information provided herein are true and correct*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MAIL or EMAIL completed form and supporting documentation to:

RS Express Ltd  
175 Plymouth Street  
Winnipeg, MB, R2X 2T3  
Attention: CLAIMS  
Email: jtrann@rsxpress.ca