

**PRESENTATION OF LOSS AND DAMAGE CLAIM FORM**

**GTX Logistics Inc.**  
**177 Zenway Blvd, Unit 2, Vaughan, ON L4H 3H9**  
**905-264-0446**  
**Fax 905-264-0481 - Attention: Sid ext#22 sid@gtxlogistics.com**

**\*\*\*Please complete entire form and fax/email all pertinent documentation\*\*\***

Company	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	GTX INV#	<input type="text"/>
	<input type="text"/>	Your Ref#	<input type="text"/>
Province/State	<input type="text"/>	Contact	<input type="text"/>
Postal Code/Zip	<input type="text"/>	Email	<input type="text"/>
Contact Name	<input type="text"/>	Phone	<input type="text"/>

**Claim And Shipment Details**

**\*If your claim entails more than 2 entries - complete this section only on another form**

Commodity  Best description for the goods being claimed

Quantity  If pieces or cases - indicate p/s or c/s beside the number

Description  Brief description of item(s)

Type    *Shortage*     *Damage*  Check off appropriate box

Unit Cost                       Subtotal  Calculate unit cost x quantity for subtotal

      CDN \$     U.S. \$  Funds - check off appropriate box

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Unit Cost                       Subtotal  Calculate unit cost x quantity for subtotal

      CDN \$     U.S. \$  Funds - check off appropriate box

### **Remarks And Comments**

Please note any pertinent information that would assist us in adjudicating the claim. This area is designed for you to comment on the loss or damage and how this occurred. The more information on file - the more efficiently we can process and finalize your claim with the carrier.

### **Claim Acknowledgement**

Within 14 **days** of submitting this form - you will receive an email acknowledgement for your claim. You will be notified at this time if any further documentation is required.

You will be notified of your claim status via email from a claim adjudicator. If you have any further questions - please refer to the previous page for all contact information.

***By completing and submitting this claim form - the filer is responsible for stating facts that are solely certified as correct***