PRESENTATION OF LOSS AND DAMAGE CLAIM FORM

GTX Logistics Inc. 60 Great Gulf Drive, Unit 59, Concord, ON L4K 5w1 905-264-0446

Attention: Sid ext#22 sid@gtxlogistics.com

Please complete entire form and fax/email all pertinent documentation Company **Date GTX INV#** Address Your Ref# Province/State Contact Postal Code/Zip **Email Contact Name Phone Claim And Shipment Details** *If your claim entails more than 2 entries - complete this section only on another form Best description for the goods being claimed Commodity Quantity If pieces or cases - indicate p/s or c/s beside the number **Description** Brief description of item(s) Check off appropriate box **Type** Shortage Damage Calculate unit cost x quantity for subtotal **Unit Cost** Subtotal CDN \$ U.S. \$ Funds - check off appropriate box Best description for the goods being claimed Commodity Quantity If pieces or cases - indicate p/s or c/s beside the number Brief description of item(s) **Description** Check off appropriate box **Type** Shortage Damage **Unit Cost** Subtotal Calculate unit cost x quantity for subtotal

U.S. \$

CDN \$

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