



CUSTOMER CLAIM REPORT

IF YOU HAVE RECEIVED A DAMAGED SHIPMENT OR DID NOT RECEIVE A SHIPMENT, PLEASE COMPLETE THE FOLLOWING AND FAX TO OVERLAND WEST CLAIMS DEPARTMENT ATTENTION: ANDY BLANEY AT 250 652 8427. PLEASE PRINT CLEARLY.

Company Name: _____

Address: _____

City: _____ Postal Code _____

Telephone # _____ Fax # _____ Email _____

Contact Name: _____

Overland West Bill of Lading # _____

Approximate cost of claim: _____

Shipper/Supplier _____

Used / New Goods _____

DAMAGED: YES _____ NO _____ SHORTAGE _____

Does outer packaging show evidence of damage YES _____ NO _____ Describe

package condition: CRUSHED _____ CREASED _____ WET _____

PUNCTURED _____ OTHER _____

Describe packaging in detail _____

Description of Damage	Location (TOP/BOTTOM/MIDDLE)	Approx Value
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Can damage goods be repaired: YES _____ NO _____

If YES, advise approx repair cost \$ _____ and name company or technician to make repairs _____.

If you are unable to arrange repairs/salvage, are the goods described available for salvage and disposal on a non prejudicial basis and do you wish to arrange pick up:

YES _____ NO _____

To avoid delay of the claim process, please include a copy of your original Bill Of Lading, Suppliers Invoice, any repair invoice and replacement invoice. Please keep damaged goods and packaging for inspection purposes. Report completed by:

_____ Date: _____

Please Print Name: _____

NOTE: Claims are HST EXEMPT / Maximum liability is \$2.00 per pound unless declared value shown on the Bill of Lading at the time of shipment.