

Standard Form for Presentation of Loss and Damage Claims

M/ _____ D/ _____ Y/ _____
(Date) (Name of Claimant)() _____
(Claimant's Telephone Number) (Claimant's Address)() _____
(Claimant's Fax Number) (City, Postal Code)

This Claim for the amount of \$ _____ is made against the carrier named above by: _____

for _____ in connection with the following described shipments:

Description of Shipment: _____

Name and Address of consignor (shipper): _____

Shipped from: _____

To: _____

Paid probill number: _____

Date of probill: _____

Name and address of consignee (whom shipped to): _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED_____

Total Amount Claimed: \$ _____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

1. Original Bill of Lading, if not previously surrendered to carrier.
2. Original PAID Freight (expense) Bill.
3. Original Invoice or Photostat Copy.
4. Other particulars obtained in proof of loss or damage claimed.

Remarks: _____

The foregoing statement of facts is hereby certified to be correct.

Signature of Claimant**NOTE: CLAIM MUST BE FILED WITHIN 30 DAYS FROM THE DATE UPON WHICH YOU RECEIVED YOUR SHIPMENT.**

REMIT TO: BYEXPRESS CORP. c/o CLAIMS DEPARTMENT 2678 Lancaster Rd. Ottawa, ON K1B 4T7
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