

NORTH AMERICAN LOGISTICS SERVICES INC.

Standard Form for Presentation of Loss and Damage Claims

Note: Please review our Claims Procedure prior to completing this form.

Claimant Name and Address

Pro Bill # _____

Reference # _____

Invoice # _____

PLEASE INCLUDE DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED. INCLUDE NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE COST OF ARTICLES, AMOUNT OF CLAIM, ETC.

TOTAL AMOUNT CLAIMED (<i>REQUIRED</i>)	\$

Please mail to:

North American Logistics Services Inc.
49 Simpson Rd.
Bolton, ON, L7E 2R6

or Fax to 905.951.9613

Please include:

- Copy of Bill of Lading
- Copy of Inspection Report
- Copy of a Supplier Invoice Or a Stock Transfer Certificate
- Copy of the Signed Delivery Receipt
- Any Other Document Or Picture That Might Support Your Claim

Signed: _____

Email Add: _____

Phone Number: _____

Fax Number: _____

North American Logistics Services Inc.

49 Simpson Road
Bolton, Ontario
L7E 2R6

Phone: 905.951.1612 / 888.595.5357

Fax: 905.951.9613

www.nalsi.com