

# Loss and Damage Claim Form

This claim is made against Way Services Inc. for damage or loss in connection with the following shipment.

Please select: ☐ Damage ☐ Loss

\_\_\_\_\_  
Date claim is made

\_\_\_\_\_  
Shipper's name

\_\_\_\_\_  
Name of origin company

\_\_\_\_\_  
Name of final destination company

\_\_\_\_\_  
Address of origin point

\_\_\_\_\_  
Address of final destination

\_\_\_\_\_  
PRO Number

\_\_\_\_\_  
Date shipment was tendered

Detailed statement of issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed statement of how amount of claim is determined: Number and description of articles, nature and extent of loss or damage, invoice price of articles. All discounts and allowances must be shown:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim Amount: \_\_\_\_\_

It is the responsibility of all parties in the shipping process to share in attempting to mitigate damages. How has the shipper and consignee made a good faith effort to salvage damaged products (unless you consider them to be totally or substantially useless and of no value):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing statements of facts is hereby certified correct.

\_\_\_\_\_  
Name of Person Filing Claim

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address