



## **Claim Filing Procedures**

All claims must be made out in writing to BYEXPRESS and be submitted within 30 days of delivery.

## **Required Documents**

The following documents must be attached to every claim:

- Original bill of lading if not surrendered to the carrier
- Original paid freight-expense bill
- Original invoice or photocopy
- Supplier's invoice showing shipment value
- Final proof of delivery
- Other details obtained as proof of loss or damage

## **DAMAGE NOTICED UPON DELIVERY**

Damage and shortages discovered upon delivery must be noted on the carrier's proof of delivery (POD) form. The following notations on a POD form are not acceptable and will not allow for a claim to be made:

- "Subject to inspection"
- "Possible shortages"
- "Possible damages"

## **Damage Noticed After Delivery**

Damage which isn't visible at the time of delivery must be reported to the carrier without delay. When concealed damages are found, stop unpacking, note the damage, notify the carrier, and request an inspection. If the shipment is unpacked after any damage has been found, a claim cannot be submitted. Please keep all packaging for inspection.

*Think Globally*

1-866-SHIP-122

[www.byexpress.com](http://www.byexpress.com)



## Liability

Our liability coverage is \$2.00/lb when no value is declared on the bill of lading upon shipping. If a value is declared upon shipping, our liability will cover the declared value, but only with supporting invoices and bills to confirm the value. Shipments must be inspected using the carrier's bill, not the packing slip.

**BYEXPRESS** is not liable for shipments shipped at the owner's risk of damages, or shipments that are unpacked, opened, or uncrated/unskidded. File this type of claim with the supplier.

All damaged goods must be held by the customer until the claim is settled. All damaged goods will then be turned over to the carrier for salvage.

*Think Globally*

1-866-SHIP-122

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TRANSPORTATION LOGISTICS WAREHOUSING

# 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**