

CARGO LOSS & DAMAGE CLAIM

60 EAGLE DRIVE, WINNIPEG, MANITOBA R2R 1V5
TEL 204.633.5795 FAX 204.632.5173

Date Prepared: _____

WWW.GARDEWINE.COM
Email to claims@gardewine.com

CLAIMANT INFORMATION

Claimant Name (Payable to): _____

Mailing Address: _____

City: _____

Postal Code: _____

Remit to address (if different than above): _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

Fax Number: _____

Claimant Reference Number: _____

Gardewine Pro Number: _____

TYPE OF CLAIM

Shortage

Damage

Other (specify)

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED

Quantity	Description	Item/Part #	Price Per Item	Extended Total
Total Claimed Amount:				\$

Please attach copies of:

SUPPLIER'S ORIGINAL INVOICE showing ALL COST PRICES and discounts

ITEMIZED REPAIR INVOICE showing hours of labour, rate per hour and cost of materials

Additional Documents - Inspection report, photos, statements, etc.

Please allow us a minimum of 45 days to process after receipt

SALVAGE must be retained until claim has been finalized. Failure to do so could result in a reduction of your claim if we are found liable.

Address where Salvage is available: _____

Contact Name: _____

Phone Number: _____