



**Head Office**  
15300 Croydon Dr  
Suite 300  
Surrey, BC V3Z 0Z5

**Office:** 604.757.2441  
**Fax:** 604.677.5842  
**Email:** claims@shipmoto.com  
**Online:** www.shipmoto.com

## FREIGHT CLAIM FORM

The minimum claim amount is \$50.

Claims for damage or shortages must be submitted to Moto Transportation within 30 days of delivery.

Your invoice must be paid in full before your claim can be processed, failure to do so will result in your claim being denied.

Company Name:	
Company Address:	
Phone #:	Fax #:
Contact Name:	E-mail:
Moto Load #:	Bill of Lading #:
Total claim in the amount of \$ _____ is hereby filed against the carrier for:	
<input type="checkbox"/> Shortage	
<input type="checkbox"/> Visual Damage	
<input type="checkbox"/> Temperature Control	
Your Company Assigned Claim #:	
Shipper	Consignee
Company Name:	Company Name:
Address:	Address:
Phone #:	Phone #:
Date of Pick Up:	Date of Delivery:
<b>Briefly describe what the claim represents and show how the claim was calculated. Please attach photos for damage claims.</b>	
\$	
\$	
\$	
\$	
<b>Total Claim Amount:</b> \$ _____ (please specify USD or CAD)	
<b>If the claim involves damaged goods, please check one or more of the following.</b>	

Damaged goods can be repaired for approximately: \$ \_\_\_\_\_ (please specify USD or CAD)

Damaged goods can be used "as is" for an allowance of: \$ \_\_\_\_\_

Damaged goods are available for carrier pick-up.

Damaged goods are unavailable. Please explain:

**To avoid delay in processing your claim please attach the following documents.**

- A copy of the original **Bill of Lading**.
- The consignee's copy of the **Freight Bill** bearing loss or damage notations.
- A copy of the **Packing Slip** listing all products shipped.
- A copy of the **Supplier's Invoice** showing the cost of good and associated discounts.
- An **Itemized Repair Bill** which includes parts and labour and if applicable any associated costs to support the cost of the claim.
- Proof of Payment** for freight charges.

**Your claim may be delayed if this form is received incomplete. The absence of any document called for in connection with this claim must be explained.**

**All salvage must be retained until Moto Transportation Services has settled the claim. Failure to have salvage available for pick-up may result in claim payment being withheld or reduced.**

**GST/HST is not applicable on claims as per Revenue Canada.**

**All claims are subject to investigation and approval by Moto Transportation Services Corp.**

Claimant Signature:

Date:

**Once signed, return this form to Moto Transportation Services Corp.**

Moto Transportation Services  
15300 Croydon Dr  
Suite 300  
Surrey, BC V3Z 0Z5

Email: [claims@shipmoto.com](mailto:claims@shipmoto.com)  
Fax: (604) 677-5842 Phone: (604) 757-2441