

CARGO DAMAGE / SHORTAGE CLAIM FORM

SHIPPER NAME	
CITY / PROVINCE	
CONTACT NAME	

CONSIGNEE NAME	
CITY / PROVINCE	
CONTACT NAME	

DATE SHIPPED		DATE RECEIVED	
FB#		REF#	
LOSS		DAMAGE	
		CLAIM AMOUNT \$	

WAS THE DAMAGE NOTICED AT TIME OF DELIVERY? YES NO

WAS THE PACKAGING CRUSHED PUNCTURED TORN OTHER

DESCRIPTION OF DAMAGE

NAME OF CLAIMANT COMPANY	
SIGNATURE OF CLAIMANT (First and Last Name)	DATE

I certify that all of the information provided to GX Transportation is true and correct. By clicking this box; I am aware that it will act in place of my signature.

SIGNATURE OF GX REPRESENTATIVE	DATE
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RETAIN A COPY OF THIS FOR FUTURE REFERENCE

DOWNLOAD AND EMAIL COMPLETED REPORT, ALONG WITH THE FOLLOWING DOCUMENTATION TO: gxclaims@gxts.com

1. Bill of Lading
2. Packing Slip listing all of the products that were shipped
3. Supplier's Invoice showing cost of goods and all discounts associated
4. Invoice to GX with the final amount for the claim

Claims will not be processed unless the freight invoice is paid in full

Claims under \$100 will not be processed