



**Communication
Rates
Service**

Letter of Intent to Claim

E-mail: admin@afstransco.com

Phone: (604) 674-4930

Acme Freight Sales Limited - 102 – 4664 Lougheed Hwy, Burnaby, BC V5C 5T5, Canada

DATE:

CLAIMANT'S INTERNAL REF. #

(Optional - for Claimant's Use Only)

CLAIMANT DETAILS

COMPANY NAME: _____

ADDRESS: _____

CITY / PROV. _____

POSTAL CODE: _____

TELEPHONE #: _____

FAX #: _____

MAILING ADDRESS: (If different from above) _____

CONTACT NAME: _____

EMAIL ADDRESS: _____

I am making a claim for the amount of \$ _____

which represents the value of the goods

shipped on (Date:) _____

on AFS Trans Co. Load # _____

Content Details:

The shipment was (choose one)

COMPLETELY or

PARTIALLY

CONTENTS MISSING
FROM BOX / ENV.

DAMAGED or

LOST

Shipper Details

FROM: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

Consignee Details

TO: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

REQUIRED ATTACHMENTS:

Claim may not be considered if applicable items are not received.

Copy of the ORIGINAL PURCHASE INVOICE (not your selling invoice); or the manufacturing cost, or percent markup to substantiate your cost and the amount being claimed.

FOR DAMAGE CLAIMS:

Copy of the inspection report OR the inspection request reference number

If possible - pictures of the damaged package, packing material and damaged item.

If repairable - estimate or invoice for repairs

Claimant's Signature