WESTWAY
THE WHEELS OF YOUR BUSINESS®

PLEASE FAX TO FAX: ***800-317-7347***
Attn. Claims Dept.

Westway Group Canada Inc.
71 Ortona Court,
Concord, ON, L4K 3M2
Toll Free: 1-866-655-5506
Tel.: 905-265-7711
www.westwaygroup.ca

PRESENTATION OF LOSS or DAMAGE CLAIM FORM

Date
Claimant Name _____
Address _____
Postal Code/Zip Code _____
City _____
Telephone # _____
Fax # _____

Claim is filed for
Visual Damage (Noted on Delivery Bill)
Shortage (Noted on Delivery Bill)
Concealed Damage (Discovered after Delivery)

Claim Amount $ _____
WCGI Probill # _____
Your Reference # _____

Detailed Statement Showing How Amount Claimed Is Determined:
(Number & description of articles, nature & extent of loss or damage, invoice price of articles, amount of claim, etc. ALL DISCOUNTS & ALLOWANCES MUST BE SHOWN)

		Total $	

Please ensure that the following documents are included with your claim:

__ Copy of Original Bill of Lading
__ Copy of Paid Freight Bill
__ Copy of Original Invoice/Suppliers
__ Copy of Carriers Inspection Report

Salvage Retention

ANY & ALL MERCHANDISE, TO & INCLUDING DAMAGED PARTS, MUST BE HELD FOR CARRIER DISPOSITION. FAILURE TO DO SO COULD RESULT IN DECLINATION OF YOUR CLAIM.