



**SEND CLAIM TO: Western Logistics**

1555 Brigantine Dr, Coquitlam, BC, Canada V2K 7C2, Fax: 604.420.6500 [claims@westernlogistics.com](mailto:claims@westernlogistics.com)

Today's Date: \_\_\_\_\_

Ref Claimant #: \_\_\_\_\_

WLI Pro Bill #: \_\_\_\_\_

**FOR CARRIER USE ONLY**

**Date Received:** \_\_\_\_\_

**Claim #:** \_\_\_\_\_

**CLAIMANT INFORMATION:**

Claimant Name: \_\_\_\_\_

Payable To *(if different than Claimant name)*: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**TYPE OF CLAIM:**

- No Freight
- Visual Damage *(noted on delivery receipt)*
- Concealed Damage *(discovered after delivery)*
- Shortage *(noted on delivery receipt)*
- Other: \_\_\_\_\_

**DETAILED STATEMENT SHOWING HOW CLAIM IS DETERMINED:**

PIECES	PART #	COMMENTS / DESCRIPTION / DETAILS	AMOUNT

**TOTAL AMOUNT CLAIMED FUNDS**    US    CDN    \$  

**SALVAGE:** Failure to retain all claimed freight, including parts, for carrier disposition may result in claim denial.

Salvage Freight is available at (address): \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Original Vendor Invoice** Proof of purchase cost or photocopy showing all discounts.  
Please include entire invoice. NOTE - HST/GST/PST not paid on Claims

**Repair Invoice** Detailed repair invoice showing breakdown of parts utilized and rate per hour

**Inspection Invoice** If applicable

**Shipping Charges** Proof of payment with claim

**Claimant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_