

# STATEMENT OF CLAIM

03/04/2011

PLEASE RETURN FORM VIA FAX: 604-273-4963  
 OR SCAN TO EMAIL: cserv@salmonstransfer.com  
 OR MAIL TO:



ATTENTION: CLAIMS DEPARTMENT  
 #100 - 9500 VAN HORNE WAY, RICHMOND, BC  
 V6X 1W3  
 TEL: 604-273-2921 FAX: 604-273-4963

This form is applicable for shipments transported under authority of Salmon's Bill of Lading with properly assigned Salmon's Freight Bill #.

**INSTRUCTIONS TO CUSTOMER: THERE IS A 60 DAY TIME LIMIT.**

1. No carrier is liable for loss, damage or delay to any goods unless the statement of claim is received by the carrier within "60 days" from date of delivery.
2. If DAMAGE claim - **do not proceed** with repairs, replcement or disposal as carrier reserves the right to inspect all items and to appoint repair firm(s) if required.
3. If LOSS claim - describe item(s) in detail, where and when last seen. Give name of present occupant of Irmer residence or name/phone # of Landlord/Real estate broker.
4. Attach copies of original receipts, appraisals where possible. If additional space required, attach separate sheet to claim form.
5. Salmon's retains salvage rights.
6. Salmon's reserves the right to require notarized statements or affidavit. **BILL OF LADING CHARGES MUST BE PAID IN FULL PRIOR TO CLAIM SETTLEMENT.**

CUSTOMER NAME		<input type="checkbox"/>	MR.	<input type="checkbox"/>	MRS.	<input type="checkbox"/>	MS.	FREIGHT BILL #		DATE LOADED		
PRESENT ADDRESS								ORIGIN ADDRESS			DATE DELIVERED	
CITY		PROV		POSTAL CODE				ORIGIN CITY		ORIG PROV		
HOME TEL		E-MAIL										
EMPLOYER		BUS TEL		FAX								

**(TYPE INFORMATION OR PRINT USING BALL POINT)**

#	ARTICLE (MAKE / MODEL)	DAMAGE DESCRIPTION OR INDICATE IF MISSING	WEIGHT OF ARTICLE	AGE OF ARTICLE	PURCHASE PRICE	AMOUNT CLAIMED
1						
2						
3						
4						
5						
6						
7						
8						

**NOTE: MUST DATE & SIGN**

DATE

CUSTOMER SIGNATURE

I solemnly swear that the information on this claim form and in my exhibit(s) is true and complete to the best of my knowledge and belief. No material fact is withheld that should be included and this is a complete and accurate statement of all loss and/or damage to be claimed in connection with this shipment. Failure to sign will cause return of form for signature.

SALMON'S ADJUSTER USE ONLY			
CLAIM RECEIVED BY SALMONS		REMARKS	PACKER
DATE RECEIVED			HAULER 1
VISUAL INSPECTION BY			HAULER 2
ESTIMATED TOTAL COST \$			WHSE
VALUATION \$			UNPACKER