

CLAIM FORM

Please indicate with a checkmark the company subject to your request.

Taqramut Transport Inc.

 Nunavut Sealink and Supply Inc.

 Desgagnés Transarctik Inc.

Following your damage report, we ask that you fill out this form and return it by fax at: (450) 635-5126 or 1 (866) 638-4534. You may also send it *via* e-mail to info@transarctik.desgagnes.com, duly accompanied by the supporting documents listed at the bottom of this page.

Kindly return this form within thirty (30) days of receipt of the cargo, as shown on the transport manifest signed by the checker and the client.

CLIENT'S IDENTIFICATION	Name :			
	Address :			
	Telephone (Office) :		Telephone (Home) :	
	Fax :		E-mail :	
	Vessel :		Voyage number :	
Destination :		Crate number :		
Signed manifest :		Packer :		
Cargo		Type of damage		Amount of detailed claim
Vehicle		Damaged		
Grocery		Missing		
Furniture		Spoiled		
Hardware		Stolen		
Materials		Frozen		
Other		Other		
Comments				
MANDATORY DOCUMENTS TO BE RETURNED				
A complete file including supporting documents must be sent to the carrier within the prescribed period which is 30 days.				
Copy of signed manifest		Supplier's invoice and / or damage evaluation		
Inspection chart / vehicle		Picture / photograph		
Customer's invoice		Packing slip		

Client's signature : _____ Date : _____