☐ Edge Transportation Services Ltd.	☐ Hi-Tech Express Inc.	☐ Quill Transport Ltd.	☐ Triangle Freight Services Ltd.
☐ Harv Wilkening Transport Ltd.	☐ Kindersley Transport Ltd.	□ STG Fleet Services	

## Claim Application Form (Please Print)

To file a shipment loss or damage claim, complete and email the following application and documentation to the Claims Department at claims@siemenstransport.com or fax to (888) 657-1543

If Applic	ation for Claim is for <b>Ki</b> i	ndersley Transport Ltd., plea  Less-Than-Truckload	se select from the following s Truckload	ervices:	
Application Information					
Your Name					
Company Name					
Customer Account Number	r				
Street Address					
City	Province	e/State	Zip/Postal Code		
Country					
Phone	Fax		Emails		_
Claim Information					
Your Reference					
Waybill #					
Description of Damaged ar	nd/or Missing Article(s)				
					_
Total Pieces		Total Weig	ht		
Claim Information					
Claim Amount				□ \$CDN	□ \$US
			E SUPPLIER'S INVOICE FOR T YOUR CLAIM APPLICATION.	HE PRODUCT I	N 
SIGNATURE		DATE			

## **NOTE**

- \* Damaged product must be retained until the claim has been finalized.
- $^{\star}$  A claim or the Intent to Claim must be filed in writing to the carrier within sixty (60) days of the date of delivery.
- \* The carrier's liability is limited to \$2.00 per pound per article unless the value of the shipment is stated on the bill of lading.





P: 306.934.1911 | F: 306.975.9309 2411 Wentz Avenue S7K 3V6 P.O Box 7290 | S7K 4J2 | Saskatoon, SK Canada | www.siemenstransport.com

