



Notice of Claim Form

This form must be submitted by the Shipper/Claimant to NEAS **within 10 days** of the Discharge Date (in the case of visible damage) or **within 30 days** of the Discharge Date (in the case of concealed damage or lost cargo). Distribution of this form is no admission of liability.

Identification of Claimant

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Work): _____ Telephone (Home/Cellular): _____

E-Mail Address: _____ Fax: _____

Shipment Information

Booking Number: _____ Voyage Number: _____

Description of Cargo: _____ Crate / Container Number: _____

Description of Damage: _____

Details of Claim

Amount Claimed (\$): _____

Please justify the amount being claimed: _____

List of Supporting Documents (to be submitted with this form):

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Shipper/Claimant's Signature: _____ Date: _____

Shipper/Claimant's Name: _____