



NOTICE OF CLAIM FORM

(Updated: March 25, 2020)

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:	Telephone (Home/Cellphone):
Mailing Address:	Email:
City:	Fax:
Prov / Terr:	Booking Number:
Postal Code:	Voyage Number:
Telephone (Work):	Crate/Container Number:

Shipment Information:

Description of Cargo: _____

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: _____

claims@neas.ca

Fax: 1-866-798-8746

Toll-Free: 1-877-225-6327