



Milgram Freight Services
407 McGill Street, Suite 400
Montreal, Quebec H2Y 2G7
Telephone: (514) 288-2161
Fax: (514) 288-9785

Claim Requisition Form

CLIENT INFORMATION

Client Name: _____
Client I.D. #: _____
Requested By: _____
Telephone #: _____

Date: _____
Courier: _____
Shipper #: _____
Claim #: _____

SHIPPING INFORMATION

Ship Date: _____
Shipper Name: _____
Shipper Add.: _____

Reference #: _____
Consignee Name: _____
Consignee Add.: _____

PACKAGE INFORMATION

Type of Claim: Lost Package(s) Damaged Package(s) Unpaid C.O.D.

of cartons received/shipped: _____
Invoice Number: _____
Shipment Value: \$ _____ CAD USD
Transport Charges: \$ _____
Total Amt Claimed: \$ _____

Parcel ID#: _____
Tracking #: _____

P.O. #: _____

Does your package contain the following?

Hazardous Materials/Unknown Chemicals Computer Equipment Firearms None

If your shipment was damaged are there any missing items? Yes No (please specify)

If your shipment was damaged is your merchandise repairable? Yes No (please specify)

If you are claiming an unpaid C.O.D. please indicate the C.O.D. amount: \$ _____

Claim Procedures & Service Requirements:

1. Please fax the completed Claim Requisition Form and the following supporting documents to Point-to-Point at Milgram Freight Services at the number above.
 - Commercial invoice, bill of lading, carrier manifest and a copy of the repair bill (if applicable).

Upon receiving your claim requisition form, a trace investigation will be filed with the appropriate carrier. Please allow up to 8 business days to complete the trace at which point a claim will be initiated.