



CLAIM FORM LOSS AND DAMAGE

MAIL/FAX TO: Radiant Global Logistics Attn: Claims Department 1280 Courtneypark Dr E Mississauga, Ontario, Canada L5T 1N6 Phone: 1.905.602.2700 Fax: +1. 905.602.2818 claims@wheelsgroup.com	Date:
	Ship Date:
	Radiant Load/Invoice #:
	Your reference #:

This claim is for \$ (Please specify): USD CAD in connection with the described shipment for: Damage Shortage Other

Shippers Name:	Consignee's Name:
Point Shipped From:	Final Destination:

DESCRIPTION OF ITEMS CLAIMED
 Please indicate the quantity, description, landed or invoice cost, etc. as reflected on the supporting documentation. Include all discounts and allowances. If goods can be repaired please include a repair quote, or if goods can be used/sold as-is, please provide credit or allowance amount.

Qty	Item #	Description	Invoice Cost
← Total Qty		Total Invoice Cost →	

DETAILED STATEMENT OF WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM AMOUNT IS DETERMINED

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- Original/copy of supplier invoice Bill of Lading
- Inspection Report (if applicable) Delivery Receipt
- Repair Quote/Estimate (if applicable) Images (product & packaging)
- Other particulars (please specify):

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT

Claimant Company Name:		Contact:	
Mailing Address:		Phone:	Fax:
City:	State3URYLQFH:	Zip/Postal Code:	Email Address:

We thank you for having Radiant Global Logistics as your carrier; we appreciate your business and will make every effort to settle your claim in a fair and timely manner.