



We regret the circumstances that have lead you to file a claim. The following summary and claims form will assist you with submitting your claim with our team.

All damages, overages, and shortages must be documented on the original bill of lading, at time of delivery. Notice of intent to claim must be filed within 7 days by notifying our Claims dept at Claims@jrhall.ca. Product must be received before submitting a claim. Damaged product must be available for inspection and/or pick up by J&R Hall.

Claims must be submitted by the party responsible for the freight charges and must be a minimum of \$100.00.

1. Freight should be accepted. Please refrain from refusing freight and take all the necessary steps to minimize the loss.

2. Document any visible discrepancies directly on the bill of lading or delivery receipt. Indicate a count such as “3 boxes on top row crushed” and ensure the **driver initials the exceptions**. Any discrepancies discovered upon unpacking or uncrating are considered **concealed and not covered** under carrier liability (please contact your shipper/supplier for compensation)

3. The following terms are not acceptable and will not substantiate a claim as they are too vague and unclear:

- Subject to inspection
- Subject to count

4. If you are responsible for the freight charges, submit a **notice of intent to claim** in writing to J&R Hall Transport Inc. Claims Department at Claims@jrhall.ca. *****Do not deduct the amount of your claim from your J&R Hall Invoice*****

This statement must indicate details of the shipment including:

- J&R Hall Load/tracing #
- Date of the shipment
- Pick-up (Origin) address
- Delivery (Destination) address
- Nature of the claim (shortages / damages / repairs etc.)

5. All salvage must be retained until investigations are completed. If disposition is required, you must advise J&R Hall Transport Inc. and obtain written authorization from the J&R Hall Transport Inc Claims Department.

6. Submit a claim package with supporting documentation. Claims submitted inadequately can cause delays in investigations and settlement. The following documentation must accompany the claim package (you may wish to use this as a checklist):

(a) Statement of Claim that outlines in detail the amount and nature of the claim (see page 2 of this document)

(b) Copy of the Supplier Invoice for the entire shipment outlining the **replacement costs** of the goods or **repair costs**, enclose a detailed repair quote.

(c) Copy of the original signed Bill of Lading

(d) Pictures of the freight upon arrival; they should depict the nature of the claim and must include the packaging.

(e) Copy of the Proof of Delivery with the exceptions indicated and acknowledged by the driver.

We hope this summary has been of help to you. Please allow 30-60 days for investigations into your claim.

CLAIM FORM LOSS AND DAMAGE

MAIL/EMAIL TO: J&R HALL TRANSPORT INC. Attn: Claims Department 552 Piper Road Ayr, Ontario Phone: 519-632-7429 Email: Claims@jrhall.ca	Date:
	Ship Date:
	J&R Pro/invoice #:
	Your Reference #:

Shippers Name:	Consignee's Name:
Point Shipped From:	Final Destination:
This claim is for \$ <input type="text"/> CAD in connection with described shipment for: <input type="checkbox"/> Damage <input type="checkbox"/> Shortage <input type="checkbox"/> Other	
Please provide a detailed statement showing how amount claimed has been determined (id. Number and description of articles, nature and extend of Loss/Damage, products cost, etc.).	

DESCRIPTION OF ITEMS CLAIMED Please indicate the quantity, description, product costs, 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	Product Cost
	← Total Qty		Total Product Cost →

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:			
<input type="checkbox"/> Original/copy of supplier invoice	<input type="checkbox"/> Bill of Lading		
<input type="checkbox"/> Inspection Report (if applicable)	<input type="checkbox"/> Proof of Delivery		
<input type="checkbox"/> Repair Quote/Estimate (if applicable)	<input type="checkbox"/> Images (product & packaging)		
<input type="checkbox"/> Other particulars (please specify):			
THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT			
Claimant Company Name:		Contact:	
Mailing Address:		Phone:	Fax:
City:	Province/State:	Postal/Zip Code:	Email Address:

We thank you for having J&R Hall Transport Inc. as your carrier; we appreciate your business and will make every effort to settle your claim in a fair and timely manner.