



Standard Form for Loss and Damage Claims

Date _____
Probill Number _____
Your Reference # _____
Commodity _____
Claim Amount _____

Account Info

Company _____
Address _____

City _____
Province _____
Postal Code _____
Country _____

Contact Info

Name _____
Email _____
Phone _____
Extension _____
Fax _____

Qty	Unit Type	Description	Cost	Problem

Goods can be repaired for approxiamtely \$ _____
 Goods can be used "as is" for an allowance of \$ _____
 Goods are available for pickup
 Goods are not available for pickup (explain) _____

Additional Comments: _____

Submit by one of these options:

Email: customerservice@mosaiclogistics.com

Fax: 855-403-7737

Mail: Mosaic Logistics Inc.
 900 Major Bennett Drive
 Peterborough, Ontario
 K9J 6X6
 Attn: CLAIMS

All claims must be received by Mosaic Logistics Inc. within 60 days of delivery

Please see the Customer Claims Procedure for full details of the claim process