



VITRAN EXPRESS
6500 EAST 30TH STREET
P. O. BOX 7004
INDIANAPOLIS, IN 46207-7004
PHONE: 317-803-4070
FAX: 317-803-4003

ATTENTION: _____

DEAR VALUED CUSTOMER,

WE ARE PROVIDING THIS INFORMATION IN ORDER TO ASSIST YOU IN THE COMPLETION OF THE FREIGHT CLAIM FORM.

1. PLEASE MAKE SURE TO REFERENCE THE VITRAN EXPRESS PRO NUMBER ON THE CLAIM FORM (DELIVERING CARRIER'S PRO NO.) **YOU MAY ONLY FILE FOR ONE SHIPMENT ON EACH CLAIM FORM.**
2. IF YOUR CLAIM IS FOR DAMAGES, EVERY ATTEMPT SHOULD BE MADE TO MINIMIZE THE LOSS. THIS CAN BE ACCOMPLISHED THROUGH REPAIR, REFURBISHING, REPACKING OR RECOOPERING.
3. **ATTACH A COPY OF THE ORIGINAL INVOICE** FOR THE PRODUCT AND THE REPAIR INVOICE IF THE PRODUCT WAS REPAIRED, RE: LABOR CHARGES, ETC.
4. ALL TRADE DISCOUNTS TAKEN MUST BE REFLECTED ON THE CLAIM.
5. ALL FREIGHT CHARGES MUST BE PAID UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE (SHIPMENT LOST, ETC.)
6. ****DAMAGED MERCHANDISE MUST BE RETAINED UNTIL CLAIM IS SETTLED.**
7. MAIL COMPLETED FORM TO THE ADDRESS PROVIDED.
8. YOU HAVE NINE MONTHS FROM THE DATE OF SHIPMENT TO FILE A CLAIM.

THANK YOU,
VITRAN EXPRESS
LOSS PREVENTION DEPARTMENT

NOTE: WE DO NOT NEED BILL OF LADING OR DELIVERY RECEIPT, WE WILL HAVE THE ORIGINAL COPIES ON FILE.

