



Claim Filing Procedures

All claims must be made out in writing to BYEXPRESS and be submitted within 30 days of delivery.

Required Documents

The following documents must be attached to every claim:

- Original bill of lading if not surrendered to the carrier
- Original paid freight-expense bill
- Original invoice or photocopy
- Supplier's invoice showing shipment value
- Final proof of delivery
- Other details obtained as proof of loss or damage

DAMAGE NOTICED UPON DELIVERY

Damage and shortages discovered upon delivery must be noted on the carrier's proof of delivery (POD) form. The following notations on a POD form are not acceptable and will not allow for a claim to be made:

- "Subject to inspection"
- "Possible shortages"
- "Possible damages"

Damage Noticed After Delivery

Damage which isn't visible at the time of delivery must be reported to the carrier without delay. When concealed damages are found, stop unpacking, note the damage, notify the carrier, and request an inspection. If the shipment is unpacked after any damage has been found, a claim cannot be submitted. Please keep all packaging for inspection.

Think Globally

1-866-SHIP-122

www.byexpress.com



Liability

Our liability coverage is \$2.00/lb when no value is declared on the bill of lading upon shipping. If a value is declared upon shipping, our liability will cover the declared value, but only with supporting invoices and bills to confirm the value. Shipments must be inspected using the carrier's bill, not the packing slip.

BYEXPRESS is not liable for shipments shipped at the owner's risk of damages, or shipments that are unpacked, opened, or uncrated/unskidded. File this type of claim with the supplier.

All damaged goods must be held by the customer until the claim is settled. All damaged goods will then be turned over to the carrier for salvage.

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Standard Form for Presentation of Loss and Damage Claims

M/ _____ D/ _____ Y/ _____
(Date) (Name of Claimant)() _____
(Claimant's Telephone Number) (Claimant's Address)() _____
(Claimant's Fax Number) (City, Postal Code)

This Claim for the amount of \$ _____ is made against the carrier named above by: _____

for _____ in connection with the following described shipments:

Description of Shipment: _____

Name and Address of consignor (shipper): _____

Shipped from: _____

To: _____

Paid probill number: _____

Date of probill: _____

Name and address of consignee (whom shipped to): _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED_____

Total Amount Claimed: \$ _____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

1. Original Bill of Lading, if not previously surrendered to carrier.
2. Original PAID Freight (expense) Bill.
3. Original Invoice or Photostat Copy.
4. Other particulars obtained in proof of loss or damage claimed.

Remarks: _____

The foregoing statement of facts is hereby certified to be correct.

Signature of Claimant

REMIT TO:
BYEXPRESS CORP.
c/o CLAIMS DEPARTMENT
2411 Holly Lane
Ottawa, ON K1V 7P2

NOTE: CLAIM MUST BE FILED WITHIN 30 DAYS FROM THE DATE UPON WHICH YOU RECEIVED YOUR SHIPMENT.