



Claim Form

Vessel:	
Date of Occurrence:	
Ticket/Bill of Lading Number:	
Terminal/Port:	
Amount of Claim:	

This Claim form is to be completed by the customer forwarded to the office along with a copy of the passenger ticket, photos and 2 estimates for repair (vehicle damage).

Customer Contact Information: Include name, street address/PO Box, telephone number(s), email address, etc.

Reason for Claim: Summary of damage, injury, etc.

Documents attached in support of claim:

Copy of Ticket/BOL		Repair Estimates (2 required)		Invoice(s)		Other Pertinent info	
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All claims, including appropriate backup documents must be submitted to the following with **90 days** of loss or damage. Concealed damage must be reported within 3 day of delivery. Failure to provide information within the specified time from will result in rejection of the claim. **Claims submitted for incidents that are not reported to Terminal/Wharfinger or ship's officer (mate or purser) prior to leaving the premises will be declined.**

Labrador Marine Inc
 PO Box 910
 Lewisporte, NL
 AOG 3A0
 Fax: 709 535 0127
 Email: dleyden@woodwards.nf.ca

Signed for LMI: _____

I, _____, dated _____, hereby certify that the above statement is correct to the best of my knowledge.

Office Use Only	
Approved by:	Date: