



Claim Form

Business Name

Transaction No.

Reason for your claim?

☐

Loss

☐

Damage

Product Description

Claim Value

\$ + \$ + \$ = \$

Product Value

Repair Cost

Freight Cost

Total Cost

☐

CAD

☐

USD

Transportation

☐

Truck

☐

Train

☐

Ocean

☐

Air

☐

Courier

Carrier

Ship Date

Additional Information

Please submit the completed Claim Form and supporting documentation to:
claims@omnitrans.com.



Claim Form

Document Checklist

- ☐ Copy of Damaged/Loss Claim Letter sent to carrier holding them responsible for the damages.
- ☐ Copy of carrier's acknowledgment of the receipt of claim.
- ☐ Copy of Commercial Invoice (Sales Invoice).
- ☐ Repair Estimate (if repairable).
- ☐ Original Bill of Lading (Shipping Label).
- ☐ Copy of Signed Delivery Receipt evidencing date delivered.
- ☐ Value of the loss/damage in CAD (Order Detail).
- ☐ Copy of confirmation of settlement from carrier.
- ☐ Photos showing the extent of damage.

Instructions for Submitting Claims with Omnitrans

1. NOTICE OF LOSS - Any loss or damage to the insured goods that may result in a claim must be promptly reported in writing to claims@omnitrans.com.
2. Please submit a Claim Form to claims@omnitrans.com, providing all relevant documentation.
3. Please inform us at claims@omnitrans.com if there are any outstanding or missing forms that cannot be provided.
4. Do not dispose of the damaged goods, as the insurer might request photos or have an insurance adjuster intervene to assess damages and salvageable value.