



348 Birch's Road, North Bay, ON P1B 8Z4
Tel: (705) 476-4411 x2296 Fax: (866) 352-6740
Email: claims@pronorth.com

Claim Form

From: _____

Please fax completed
Form to 866-352-6740

Our Order/Tracing Number: _____

Date of Delivery: _____

Origin of Shipment: _____

Destination of Shipment: _____

Shortage or Damage: _____

Number of Pieces Short or Damaged: _____

Product Identification/ Type of Product: _____

Identify damages: _____

Total Amount Being Claimed: _____ Cdn or US (Please Circle One)

SIGNATURE OF CLAIMANT: _____

PRINT NAME OF CLAIMANT: _____

A copy of the original invoice, establishing the value of the goods at time and place of shipment is necessary to process your claim. Please be advised that after we receive the formal notice of claim, the processing of that claim cannot begin until the freight charges are paid for, and that we would be entitled to any salvage.

We apologize for any inconvenience this may have caused you and/or your customer.

Sincerely,
Risk Management