



Please complete and save this form. You can then print and mail it to one of our Air Canada Cargo claims offices or email it to [cargo.claims@aircanada.ca](mailto:cargo.claims@aircanada.ca)

**CLAIMANT INFORMATION**

Name of Claimant:

Company:

Job Title:

Phone Number:

E-mail Address:

**MAILING ADDRESS:**

Number, Street Name:

City:

Province/State:

Country:

Postal/Zip Code:

**SHIPMENT INFORMATION**

Air Waybill Number: 014

Date on Waybill:

Type of Service booked (Please select service purchased) :

Indicate confirmed schedule itinerary, flight number(s) and date(s), your goods should have moved on:

**CLAIMED AMOUNT**

Claimed Amount :

\$

**CURRENCY MUST BE CHECKED**

CURRENCY:

USD

CAN

EUR

OTHER \_\_\_\_\_

Method of Payment:

CASH/INTERACT

CREDIT CARD

ACCOUNT NUMBER

HAVE YOU MISSED YOUR TENDER TIME?

YES

NO

WAS THERE A KNOWN WEATHER RELATED ISSUE THAT CAUSED THE SHIPMENT TO BE RE-BOOKED OR DELAYED?

YES

NO

WAS THE SHIPMENT LOST AT SOME POINT?

YES

NO

Reason for Claim:

Your claim must include the documents indicated in the *Support Documents* section on our website, as they apply to your claim. Please note that failure to provide all essential documents will affect the outcome of your claim.

**AIR CANADA CARGO CLAIMS**  
Montréal-Trudeau International Airport  
YUL 1185  
C.P. 9000, Succursale Aéroport  
Dorval, Quebec H4Y 1C2  
CANADA

**I certify that the above statement is true and accurate.**

Signature of Claimant or Claimant's Representative

Job Title of Claimant's Representative

Date

To email this form to  
[cargo.claims@aircanada.ca](mailto:cargo.claims@aircanada.ca)

**CLICK HERE**