

LOSS & DAMAGE CLAIM FORM



CLAIMANT INFORMATION

Company Name:			
Contact Person:			
Phone:		Fax:	
Correspondence Address:			
Client Account No.			

OCCURRENCE INFORMATION

Pick-up Date:		Origin:	
Delivery Date:		Destination:	
Waybill No.:		Formula Driver/s:	

CLAIM INFORMATION

Claim for: Shortage Damage Loss

Other (Specify) _____

Describe the item/s loss or damaged: _____

Claim Amount:

Please attach the following documentation (where applicable)

- Commercial Invoice showing original value of lost or damaged goods
- Quotation to replace or repair lost or damaged goods
- Recipient's copy of waybill showing damage or loss notations
- Recipient's written report of loss or damage and discovery thereof
- Presentation of damaged goods on request by courier.

For claims involving damaged goods, please check and complete the following:

<input type="checkbox"/> Y / <input type="checkbox"/> N	Damaged goods can be repaired for approximately	N\$	<input type="text"/>
<input type="checkbox"/> Y / <input type="checkbox"/> N	Damaged goods to be used "as is" for a payment of	N\$	<input type="text"/>
<input type="checkbox"/> Y / <input type="checkbox"/> N	Damaged goods are available for pick-up by the carrier, if NO please explain why not:		

Claimant's Signature: _____ Date: _____

Claimant's Full Bank Details:	Account Name:	
	Account Number:	
	Branch Code:	
	Account Type:	
	Town where acc. is held:	