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| --- | --- |
| **Name of Claimant:** | **Consignment Note Number** |
| **Date of Despatch:** |
| **Customer Account Number:** | **Customer Phone:** |
| **Contact Person Name:** | **Mobile:** |
| **Fax Number:** | **E-mail:** |
| **Sender (Consignor):** | **Receiver (Consignee):** |
| **Address:** | **Address:** |
| **Date of Claim:** | **Date of Good Delivered:** |
| **Description of Goods:**(Please ensure a copy of the delivery documentation is attached. Please describe goods as accurately as possible as they may have lost their documentation) |
|  |
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|  |
| **Details of Loss or Damage: Please indicate Lost or Damaged**   |
| **Description of Incident:** |
|  |
|  |
| **Value of Claim ($):****Please supply a copy of original cost price invoice from the supplier for the goods lost or damaged**  | **Name of person submitting claim:****Name of Account Manager:** |
|  **DECLARATION**I ACKNOWLEDGE THAT COMPLETION OF THIS FORM IS FOR INCIDENT REPORTING PURPOSES ONLY AND THAT ANY CLAIM WILL BE SUBJECT TO BEING A PARTICIPANT IN THE FREIGHTSAFE WARRANTY PROGRAM AND MY CLAIM BEING APPROVED AS PER THE TERMS AND CONDITIONS.I AM THE LEGAL OWNER OF THE GOODS CONSIGNED AND DECLARE THAT THE ABOVE MENTIONED STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. |
| **Form Completed By (print name):** | **E-mail Address:** |
| **Signature:** | **Date:** | **Telephone:** |
| **Claim must be accompanied by:** **Copy of Consignment Note:**  **Copy of Incident Report:** **Digital Photographs** (if damaged) | **Copy of POD:****Cost Price Invoice:** **Evidence of damage/loss:**  |

 **Complete form and email along with attachments to** **warranty@PEPTransport.com.au** **or fax to (08) XXXXXXX**