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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) | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **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**](mailto:warranty@PEPTransport.com.au) **or fax to (08) XXXXXXX**