



GOODS IN TRANSIT LOSS/DAMAGE CLAIM FORM

All questions must be answered and all documentation provided before the claim can be considered.
The accompanying notes should be read before completing this form.

1. Name:A/c number:.....
Address.....
.....
.....
Telephone:Fax:.....Contact:.....

1a If consignor (sender) is different from information given in (1) state:
Name:.....
Address.....
.....
.....

2. Consignees (receiver) name:
Address.....
.....
.....
Date of despatch:Date of receipt:.....
Consignment note number:(enclose copy of note).....
Number of items despatched:
Attach a copy of the invoice/statement indicating under which entry this carriage was charged.

DETAILS OF CLAIM (see note (vi) for limits that operate)

3. (a) Full description of goods with serial numbers or reference numbers, lost/damaged.
Cost price of all items lost or damaged must be recorded and copies of your purchase invoice attached
(see note(ii))
ITEM..... WEIGHT COST PRICE EXCL VAT
.....
.....
(b) Total value of complete consignment
(c) Total weight of complete consignment.....
(d) Number of items lost or damaged:.....



- 4. (a) Have you contacted us to report damage/loss Yes/No.....
- (b) The date the first contact was made (remember it must be in writing for a claim to be succesful)
.....
- (c) Who did you contact

5. ADDITIONAL INFORMATION FOR DAMAGE.

Damaged items and packaging must be retained for inspection to avoid prejudicing your claim.

- (a) How much do you estimate repairs will cost £
- A written estimate to be attached where possible.
- (b) Where the item is beyond economic repair (a written estimate to still be provided)
State value of the salvage (see note (v))
- (c) Where can damaged goods be inspected
Contact.....
Address:
-
.....
Telephone: Fax:

I/We declare the foregoing particulars to be true in every respect and I/We will advise you immediately if any of the items reported missing are traced.

Signed Position Date.....