



Claim Form

Company Name:	Consignment / Job Number	
	Claim for Loss or Damage: Loss: <input type="checkbox"/> Damage: <input type="checkbox"/>	
Date of Despatch:	Date of Receipt:	
Customer Account Number:	Telephone Number:	
Contact Person Name:	Mobile:	
Fax Number:	E-mail:	
Sender (Consignor):	Receiver (Consignee):	
Sender's Address:	Receiver's Address:	
Description of Goods: <small>(Please ensure a copy of the delivery documentation is attached. Please describe goods as accurately as possible as they may have lost their documentation)</small>		
Details of Loss or Damage: <small>(Please attach a copy of the detailed incident report)</small>		
Value of Claim (\$): Please supply a copy of original cost price invoice / proof of prescribed price from the supplier for the goods lost or damaged \$	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 / Job: <input type="checkbox"/>	Cost Price Invoice / Proof of Prescribed Price from Supplier: <input type="checkbox"/>	
Copy of Damage Report: <input type="checkbox"/>	Tax Invoice made out to APD for Amount Claimed: <input type="checkbox"/>	
Digital Photographs (if damaged) <input type="checkbox"/>	Evidence of damage / loss: <input type="checkbox"/>	
<p>Please provide us with any additional documentation that will assist us in expediting your claim</p> <p>Complete form and email along with attachments to warranty@apdparcel.com.au</p>		