

CLAIM FORM

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| Company Name | Claim for Loss <input type="checkbox"/> Damage <input type="checkbox"/> |
| | Consignment/Job Number |
| Customer Account Number | Date of Despatch |
| Contact Person | Date of Receipt |
| Phone | Sender (Consignor) |
| Mobile | Sender's Address |
| Fax | Receiver (Consignee) |
| Email | Receiver's Address |
| Account Manager | |
| Description of Goods (Please ensure a copy of the delivery documentation is attached. Describe goods as accurately as possible, as they may have lost their documentation) | |
| Details of Loss or Damage (Please attach a copy of the detailed incident report) | |
| 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) | |
| 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 APD Parcel Delivery 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) | Email |
| Signature | Phone |
| Date | |
| Claim must be accompanied by <input type="checkbox"/> 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 | |
| Please provide APD with any additional documentation that will assist in expediting your claim. Complete form and email (with attachments) to warranty@apdparcel.com.au | |