

Claim Form

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| Your Reference: | Our Reference: |
| Senders Full Name: | Consignee Full Name: |
| Senders Full Address: | Consignee Full Address: |
| Contact: | Contact: |
| Phone No: | Phone No: |
| Was consignment marked with senders name & address as shown above? Yes/ No If No what was marked on pallet? | |
| Service used: Next Day/ AM/ 10 AM/ Economy/ Saturday/ Collection | |
| Nature of Claim: Non Delivery/ Shortages / Damages /Pilferage | |
| Consignment note number: | Date of Despatch: |
| Total Number of pallets Despatched: | Total weigh of consignment (in Kgs) |
| Full description, quantity and any comments of missing / damaged goods (quantity, colour, size etc) | |
| How were the goods packaged? | |
| Number of packages/pallets involved in the claim? | Weight of goods involved in claim? |
| Cost price of goods missing/ damaged (Excluding VAT) £ | Cost price of the whole consignment (Excluding VAT) £ |
| PLEASE SUPPLY A COPT OF THE COMMERCIAL INVOICE | |
| Salvageable value £ Excluding profit | Signed on behalf of sender: |
| Amount of claim £ Excluding VAT | Position: Date: |