



ADDRESS
3/B Gabador Place,
Mt Wellington, Auckland

Phone No: 64- 09-573 07 93

Proforma Claim Form

Sender's Details

Current Date:.....

Company Name:.....

Address:

.....

Phone No:.....

Contact Name:.....

Date POD Request:.....

Date of Goods Picked:.....

Type of Claim (please tick):

- Loss
- Partial Loss
- Damage

Method of documentation (please tick)

- Ticket
- Consignment Note
- Manifest.

Description of Goods:.....

.....

Retail Value:.....

Wholesale Value:.....

Damaged goods salvage:.....

Repair Cost:.....

Recipient's Details

Recipient Details:.....

Address:.....

.....

Phone No:

Contact Name:.....

Person Advised:.....

Whereabouts of goods (if known):.....

.....

.....

Ticket No:.....

Consignment Note No:.....

.....

Manifest and Line No:.....

.....

Declaration:

I/ We hereby warrant the truth of the foregoing statements.

Signature.....Date.....