Freightsafe Warranty Claim Form

Name of Claimant:	Consignment Note Number:
	Date of Despatch:

Customer Account Name:	
Phone:	Mobile:
Fax:	Email:

Sender (Consignor): Address: State: Postcode:	Receiver (consignee): Address: State: Postcode:

Description Of Goods Consigned:
(Please describe goods as accurately as possible as they may have lost their documentation)

Details of Loss or Damage:

Amount Claimed (AUD):
(Please supply a cost price invoice for the value of the goods consigned)

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DECLARATION

I ACKNOWLEDGE THAT COMPLETION OF THIS FORM IS FOR INCIDENT REPORTING PURPOSES ONLY AND THAT ANY CLAIM WILL BE SUBJECT TO MY 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):	Contact:
Signature:	Date:

Complete and Fax to (03) 6426 1910 or Email to warranty@tasfreight.com.au