



**GENERAL CARRYING CONSIGNMENT WARRANTY
CLAIM FORM**

- A. Please complete this claim form and attach requested information/documentation where possible.
 B. Once completed please email this form and the attachments to claims@generalcarrying.com.au

CONTACT DETAILS

Freight Company:	Claimant Name:
Consignment Note No:	Customer Account No.:
Contact Name:	
Contact Number:	Email:
Sender (Consignor):	Receiver (Consignee):
Address:	Address:

CLAIM DETAILS

Date of loss/damage:

Type of claim:	Loss Yes or No (please cross out)	Date of Dispatch:
	Where did the loss occur e.g. in transit? In Transit	
	Damaged Yes or No (please cross out)	Date of Arrival:
	Address where damaged goods can be inspected:	
	Can damaged goods be repaired: Yes or No (please cross out)	
	If 'No', is there any salvage value:	If 'Yes', approximate value:

Description of goods (Please describe goods in detail):

Please provide a description of the incident:

Amount claimed (ex GST): \$

CLAIM ATTACHMENTS

In order for us to assess your claim quickly, please attach one or more of the following

<input type="checkbox"/> Copy of the Consignment Note	<input type="checkbox"/> Tax invoice for the cost price of the goods
<input type="checkbox"/> Photographic evidence (if damaged)	<input type="checkbox"/> Copy of the incident report

EFT PAYMENT DETAILS

Please complete this section to allow us to make any claim payments due

Account Name:	Bank Name:
Account Number:	BSB:

DECLARATION

I declare to the best of my knowledge all statements made in this claim form to be true and correct. All claims will be assessed based on the General Carrying Consignment Warranty Terms and Conditions and the Warranty fee being paid.

Name (please print)	
Signature:	Date: