



FreightSafe Warranty Claim Form

Please complete all required details and return along with all listed attachments

Name of Claimant:	Consignment Note Number	
	Date of Despatch:	
Customer Account Number:	Customer Phone:	
Contact Person Name:	Mobile:	
Fax Number:	E-mail:	
Sender (Consignor):	Receiver (Consignee):	
Address:	Address:	
Date of Claim:	Date of Good Delivered:	
Description of Goods: (Please ensure a copy of the delivery documentation is attached. Please describe goods as accurately as possible as they may have lost their documentation)		
Details of Loss or Damage: Please indicate Lost <input type="checkbox"/> or <input type="checkbox"/> Damaged		
Description of Incident:		
Value of Claim (\$): Please supply a copy of original cost price invoice from the supplier for the goods lost or damaged	Name of person submitting claim: Name of Account Manager:	
DECLARATION		
<p>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 FREIGHTSAFE WARRANTY PROGRAM AND MY CLAIM BEING APPROVED AS PER THE TERMS AND CONDITIONS.</p> <p>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.</p>		
Form Completed By (print name):	E-mail Address:	
Signature:	Date:	Telephone:
<p>Claim must be accompanied by:</p> <p>Copy of Consignment Note: <input type="checkbox"/></p> <p>Copy of Incident Report: <input type="checkbox"/></p> <p>Digital Photographs (if damaged) <input type="checkbox"/></p> <p style="margin-left: 300px;">Copy of POD: <input type="checkbox"/></p> <p style="margin-left: 300px;">Cost Price Invoice: <input type="checkbox"/></p> <p style="margin-left: 300px;">Evidence of damage/loss: <input type="checkbox"/></p>		

Complete form and email along with attachments to warranty@bst.net.au or fax to (03) 96465719