



FreightGuard Service Guarantee Claim Form

Please complete all required details and return
Together 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 Goods 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"/> Damaged <input type="checkbox"/>		
Description of incident		
Value of Claim (R): (Please supply a copy of original cost price invoice from the supplier for the goods lost or damaged) R	Name of person submitting claim: Name of Account Manager:	
DECLARATION		
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 FREIGHTGUARD SERVICE GUARANTEE 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):	E-mail Address:	
Signature	Date:	Telephone:
Claim must be accompanied by:		
Copy of Consignment Note: <input type="checkbox"/>	Copy of POD: <input type="checkbox"/>	
Copy of Incident Report: <input type="checkbox"/>	Cost Price Invoice: <input type="checkbox"/>	
Digital Photographs (if damaged) <input type="checkbox"/>	Evidence of damage/loss: <input type="checkbox"/>	

Complete form and email along with attachments to: **XXXXXXXXXXXX**