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 Despatch:

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 attach a copy of the detailed incident report)

| **Value of Claim ($):**
(Please supply a cost price invoice for the value of the goods lost or damaged)
$ | 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 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): | E-mail Address: | |
| Signature | Date: | Telephone: |

Claim must be accompanied by:

Copy of Consignment Note: ☐	Copy of POD: ☐
Copy of Incident Report: ☐	Cost Price Invoice: ☐
Digital Photographs (if damaged) ☐	Evidence of damage/loss: ☐

Complete form and email along with attachments to warranty@tls.net.au

This section is for completion by Total Logistic Solutions

| Sending Branch: | Delivery Branch: |