

# LOSS & DAMAGE CLAIM FORM



## CLAIMANT INFORMATION

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Correspondence \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Client Account No: \_\_\_\_\_ Waybill No: \_\_\_\_\_

## CLAIM INFORMATION

Claim for: Shortage  Damage:  Loss   
Other (Specify) \_\_\_\_\_  
Describe the item/s loss or damaged: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim Amount:

## STANDARD CONDITIONS FOR A CLAIM:

- ✕ Damaged or missing parcels must be reported within 7 days.
- ✕ Commercial Invoice showing original value of lost or damaged goods
- ✕ Quotation to replace or repair lost or damaged goods
- ✕ Recipient's copy of waybill showing damaged or loss notations
- ✕ A written report of loss or damage & discovery thereof must be received within 7 days at our Swakopmund, Windhoek or Walvisbay offices.
- ✕ The damaged goods with the packing material must be sent back to the company.

For claims involving damaged goods, please check and complete the following:

Y / N	Damaged goods can be repaired	N\$	<input type="text"/>
Y / N	Damaged goods are available for pick-up by the carrier, if NO please explain why:		

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Banking Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

