



# FreightGuard Service Guarantee Claim Form

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



<b>Name of Claimant:</b>	<b>Consignment Waybill Number</b>	
	<b>Date of Waybill:</b>	
<b>Customer Account Number:</b>	<b>Customer Phone:</b>	
<b>Contact Person Name:</b>	<b>Mobile:</b>	
<b>Fax Number:</b>	<b>E-mail:</b>	
<b>Sender (Consignor):</b>	<b>Receiver (Consignee):</b>	
<b>Address:</b>	<b>Address:</b>	
<b>Date of Claim:</b>	<b>Date Goods Delivered:</b>	
<b>Description of Goods:</b> <small>(Please ensure a copy of the delivery documentation is attached. Please describe goods as accurately as possible as they may have lost their documentation)</small>		
<b>Details of Loss or Damage:</b> Please indicate    Lost <input type="checkbox"/> Damaged <input type="checkbox"/>		
<b>Description of incident</b>		
<b>Value of Claim (R):</b> <small>(Please supply a copy of original cost price invoice from the supplier for the goods lost or damaged)</small>	<b>Name of person submitting claim:</b>	
<b>R</b>	<b>Name of Account Manager:</b>	
<b>DECLARATION</b>		
I ACKNOWLEDGE THAT COMPLETION OF THIS FORM IS FOR INCIDENT REPORTING PURPOSES ONLY AND THAT ANY CLAIM WILL BE ASSESSED AND 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.		
<b>Form Completed By (print name):</b>	<b>E-mail Address:</b>	
<b>Signature</b>	<b>Date:</b>	<b>Telephone:</b>
<b>Claim must be accompanied by:</b>		
<b>Copy of Waybill Note:</b> <input type="checkbox"/>	<b>Copy of POD:</b> <input type="checkbox"/>	
<b>Copy of Incident Report:</b> <input type="checkbox"/>	<b>Cost Price Invoice:</b> <input type="checkbox"/>	
<b>Digital Photographs (if damaged)</b> <input type="checkbox"/>	<b>Evidence of damage/loss:</b> <input type="checkbox"/>	

Complete form and email along with attachments to: [claims@parcelitcouriers.co.za](mailto:claims@parcelitcouriers.co.za)