



## FreightSafe Claim Form

Please return the completed form to 1<sup>st</sup> Fleet Express, Warranty Department, Locked Bag 67, Wetherill Park BC NSW 2164, fax 02 9729 3643; or email [warranty@1stfleet.com.au](mailto:warranty@1stfleet.com.au)

<b>Freight Company</b>		<b>Consignment Note Number</b>	
<b>Name of Claimant</b>			
<b>Address</b>			
<b>Phone</b>	<b>Mobile</b>	<b>Fax</b>	<b>e-mail</b>
<b>Sender (Consignor)</b>		<b>Receiver (Consignee)</b>	
<b>Address</b>		<b>Address</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Date of despatch</b>			
<b>Description of goods consigned</b>			
(Please describe goods as accurately as possible as they may have lost their documentation ,include photos of damaged items)			
<b>Details of Loss or Damage</b>			
<b>Amount claimed</b>			
<b>Please supply a cost price invoice for the value of the goods consigned</b>			
<b>DECLARATION</b>			
<b>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>			
Signature		Date	