



# CUSTOMER CLAIM APPLICATION FORM

KAM TRANSPORT LTD

C/- Head Office, 4 Aruba Grove, Grenada Vllage, Wellington 6037

Claims will only be accepted from the Freight Payer. All claims applications must be lodged within 7 days.

Only claims above the value of \$50.00 (excl.GST) will be accepted.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CLAIM DETAILS:

KAM Docket Number #: \_\_\_\_\_ Despatch Date: \_\_\_\_\_

Sender: \_\_\_\_\_ Receiver: \_\_\_\_\_

Sender Address: \_\_\_\_\_ Receiver Address: \_\_\_\_\_

Sender Contact: \_\_\_\_\_ Receiver Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Claim:  Damage  Loss Other: \_\_\_\_\_

Cost of Goods: (incl.GST) \_\_\_\_\_

Claim Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was the damage and or loss reported to? (Name) \_\_\_\_\_

Who has the freight?  Sender  Receiver Other: \_\_\_\_\_

**IMPORTANT NOTE:** If your claim is accepted, the damaged freight becomes the legal property of KAM Transport Ltd & must be made available for collection. If the damaged freight is not provided, the claim will be declined. Please be aware that under the Carriage of Goods Act 1979, liability is limited to \$2,000 per unit of goods lost or damaged. We recommend that you contact your General Insurer for claims exceeding this amount.

### CLAIMANT DECLARATION:

I declare to the best of my knowledge, that the details provided on this form are true and correct.

Name: (Please print) \_\_\_\_\_ Signed: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

- Customer Checklist:
- Attached Proof of Cost (Your supplier invoice)
  - Attached POD (Endorsed Consignment Note)
  - Attached Invoice

Claim #:	_____
Claim Entered:	_____
Claim Status:	_____
Claim Amount:	_____
Claim Paid:	_____