

CLAIM NOTIFICATION



FROM:	TO: SKYNET SOUTH AFRICA (PTY) LTD
BRANCH:	ATTENTION: CLAIMS DEPARTMENT
KEY ACCOUNT MANAGER : ROSA DE JAGER	EMAIL: financeclaims@skynet.co.za
CLAIMANT/INSURED: YES	
ACCOUNT/ CUSTOMER NO : P14331 (Bob Go)	
CONSIGNOR/SENDER:	
CONSIGNEE/RECEIVER:	
WAYBILL NO:	WAYBILL DATE:
TRIP FROM (SUBURB):	TRIP TO (SUBURB):

SKYNET INTERNAL			
DL CREATED YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
		DL NUMBER:	_____
FULL SET OF DOCUMENTS SUBMITTED:	YES	<input checked="" type="checkbox"/>	NO <input type="checkbox"/>
SKYNET DRIVER	<input type="checkbox"/>	O/D	<input type="checkbox"/>
		LINE HAUL	<input type="checkbox"/>
		WAREHOUSE	<input type="checkbox"/>
3 RD PARTY	<input type="checkbox"/>		

TYPE OF CLAIM- MARK WITH X			
* Non-delivery of total consignment	<input type="checkbox"/>	* Damages	<input type="checkbox"/>
* Short delivery of full cartons	<input type="checkbox"/>	* Damages Pictures attached Yes/No	<input type="checkbox"/>
* Shortage from Cartons (Pilferage)	<input type="checkbox"/>	* Items returned- Reasons	<input type="checkbox"/>
* Non-delivery of total consignment	<input type="checkbox"/>	* Other	<input type="checkbox"/>
DETAILS/ DESCRIPTION OF INCIDENT			

AMOUNT CLAIMED (Excl Vat)	VAT	TOTAL AMOUNT CLAIMED (INCL VAT)
COPY OF INVOICE ATTACHED	YES	NO

Signed : _____

Dated: _____

RISK CONTROL COMMENTS

VALID CLAIM

INVALID CLAIM:

Signed : _____

Dated: _____