



LOSS AND DAMAGE CLAIM FORM

Please complete and email to danie@thecourierguy.co.za, together with supporting documents.

COMPANY: _____ ACCOUNT NUMBER: _____

PHYSICAL ADDRESS: _____

CONTACT NAME: _____ TEL: _____ FAX: _____

CONSIGNMENT DETAILS/DESCRIPTION OF CONTENTS: _____

WAYBILL NUMBER: _____ ORIGIN: _____ DEST: _____

WAYBILL DATE: _____

INSURANCE REQUESTED: _____ YES: _____ NO: _____ AMOUNT: _____

NO. OF PIECES: _____ WEIGHT: _____

WEIGHT DISCREPANCY: _____

DATE OF LOSS/DAMAGE: _____

AMOUNT BEING CLAIMED: _____

DESCRIPTION OF LOSS/DAMAGE: _____

PLEASE ATTACH SUPPORTING DOCUMENTS IE: PACKING LIST, PRO FORMA INVOICE ETC.

RECEIVERS NAME: _____

ADDRESS: _____

TEL: _____ FAX: _____

SIGNATURE OF CLAIMANT: _____ DATE: _____

The Courier Guy (Pty) Ltd. Reg No: 2015 / 061471 / 07 Vat No: 4650195904

Head Office Tel: 0861 203 203 Fax: 010 222 2332 P.O Box 532, Lanseria, 1748

Address:

*37 Malta Road
Cosmo Business Park
Malibongwe Drive, Kya Sands*