

Claim Application Form

To help us respond quickly to your claim, please ensure all sections of the form are completed in full, including the declaration. A checklist of all required documentation is listed in the guide. **Please note that claims will only be accepted from the freight payer.**

Claim Required For

Please select one

PBT Couriers PBT Transport PBT Bulk

Details of Claimant

Company/ Person	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>	Tax Inv/GST No.	<input type="text"/>

Details of Claim

Con. Note/ Ticket No.	<input type="text"/>	Date of Dispatch	<input type="text"/>
Sender	<input type="text"/>	Receiver	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>	Contact	<input type="text"/>
Contact	<input type="text"/>	Contact	<input type="text"/>
Description of Consignment	<input type="text"/>		
Type of Claim	<input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Other:	<input type="text"/>	
Description of Damage	<input type="text"/>		

Damaged Freight Being Held By

Sender Receiver PBT Other:

Was the loss/damage reported at the time of delivery? Yes No

Other Relevant Information

Claim Application Checklist (To be completed and sent **with this form** before claim application can be processed)

- | | |
|---|--|
| <input type="checkbox"/> Correct ticket or consignment number | <input type="checkbox"/> Copy of invoice billing your client |
| <input type="checkbox"/> Invoice at cost price*, billed to the relevant PBT company | <input type="checkbox"/> Proof of value |
- *Cost price refers to cost of manufacture by your business or cost price supplied to you by the manufacturer.
- (Please provide either copy of invoice(s) for material(s) or copy of invoice from supplier of goods to your business)

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

Name	<input type="text"/>	Company	<input type="text"/>
Signed	<input type="text"/>	Dated	<input type="text"/>

The issue of this form or claim number does not admit liability for your claim, and approval is conditional upon any damaged product being available to us as salvage. Should the claim be approved, we will be in contact with you prior to releasing any payment to arrange collection of this salvage. We undertake to resolve your claim as promptly and efficiently as possible.