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:** _____

Customer Checklist:

☐ Attached Proof of Cost *(Your supplier invoice)*

☐ Attached POD *(Endorsed Consignment Note)*

☐ Attached Invoice

Office Use Only

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

Please email to: Wellington info@kam.net.nz **Auckland/Hastings:** hastings@kam.net.nz
Nelson: nelson@kam.net.nz **Blenheim:** ops@kam.net.nz **Christchurch:** christchurch@kam.net.nz