

HUNTER EXPRESS ON-LINE BOOKING SYSTEM INSURANCE CLAIM FORM

CLC DELIVERIES PTY LTD ACN 002 243 085

Claim No. (Office use only)

1. Consignor's Name

2. Particulars of Owner/Interested Party re goods subject of this Claim (if other than consignor):

Name:

Address:

Contact Name: Telephone No. ()

Owner Other - If Other, specify interest:

3. Consignment Information (copy of Consignment Note must be attached):

(a) Service type: Road Freight Same Day

(b) Consignment Note Number:

(c) Despatch date: (d) Delivery Date:

(e) Consignee's Name

Consignee's Address

(f) Receiver's Name: [if not identical to (e)]

Receiver's Address:

4. Particulars of Claim:

(a) Description of Goods:

(b) Description of Packaging:

(c) Details of Damage/Loss:

(d) Present Location of Damaged Goods:

5. Amount of Claim: \$ (copies of all documentation evidencing pre-incident and post-incident value of goods must be attached) being the lesser of:

(a) Indemnity Cover (e.g. \$500); and

(b) 'Amount of loss or damage' less Excess Amount (if any).

(Refer Terms and Conditions of Insurance, sub-clauses 6.6 and 6.7 -

N.B. Freight charges and gst are excluded from Claim).

6. Declaration:

I am authorised to make this claim for and on behalf of the Consignor and I declare that the contents hereof and the attachments hereto are true and correct to the best of my knowledge and belief:

Name: (Please Print)

Position/Title

Signature:

Date: / /

Please complete the fields provided, then print, sign and date this form and fax it to us on **1300 554 828**.