



# CLAIM FORM LOST OR DAMAGED CARGO

To enable us to process a claim, or to consider any claim for cargo lost or damaged whilst it was in our care, custody and control, please complete this form without delay and return it, together with supporting evidence.

Name and address of company making claim		Contact Name / Job Title	
		Telephone Number	Fax Number
VAT registered?	Yes/No		
Your reference	Consignment Number	Date of Incident	
Please indicate if this is the first written notification of the incident:* YES / NO			
Detailed description of goods lost or damaged			
<b>Nature of Claim (tick)</b>	Damage	Shortage	Non-Delivery
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>			
Please give full details of the loss and/or extent of the damage			
How were the goods packed and secured to the pallet?		State where can the damaged goods be inspected	
Total Weight of Consignment		Total Weight of Goods Lost or Damaged	
Value of Consignment	Value of Goods Lost or Damaged	Possible Salvage Value of Damaged Goods	
Evidence of loss or damage – tick boxes to indicate which documents are included. Items in <b>bold</b> must be provided to ensure prompt claims settlement.			
<b>Cost Price Invoice or evidence of cost (See Below**)</b>	<input type="checkbox"/>	<b>Sales Invoice to Customer</b>	<input type="checkbox"/>
Photographs of Damaged Goods	<input type="checkbox"/>	Survey Report	<input type="checkbox"/>
<b>Signed clausd collection / delivery note</b>	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>
Have you instructed us to insure for all risks at a rate higher than £10,000 per tonne? YES / NO. (If YES provide details and attach a copy of the confirmation of insurance liability)			
Some Insurers & their agents share information to prevent fraudulent claims and assess whether to offer insurance, including via the Claims & Underwriting Exchange Register and the Motor Insurance Anti-Fraud & Theft Register operated by the Association of British Insurers. I / We declare that the above statements are true and correct to the best of our knowledge. I/We have not knowingly withheld any information connected with this claim. I/We agree to provide further information/documentation as may be required by the insurer. I/We understand that the insurer does not admit liability by the issue of this form.			
Signature of claimant _____		Name _____ Date _____	
Counter signature (Palletline Depot) _____		Name _____ Date _____	

\*Your **written notification** of your intention to claim must be **within 7 days** and written claim within 14 days of the date of delivery. If not, your claim may be invalidated so a written explanation for delay is required and should be attached to this form.

\*\*Please separately state method of calculation of cost price below if not evident from paperwork. The principle is that you can only claim for the cost of the goods to you – in order that you do not make a profit twice from the same incident. Assuming you re-supply your customer you will still make a profit from the sale. You can reclaim from us an amount up to the net cost of the goods to you, subject to RHA liability and limitations.  
Palletline Plc or its members and/or their respective insurers reserve the right to inspect the goods or request return to them where the claim is for the full cost of the product. You must hold the goods for inspection/return until otherwise instructed.