



CUSTOMER CLAIM APPLICATION FORM

KPH Transport Ltd
Part of the NZ Hothouse Group Ltd
P 09 295 9020
F 09 295 9010
claims@kphtransport.co.nz
NZGST # 63-472-336
ABN # 26-050-626-086

Claims will only be accepted from the Freight Payer. All claims applications must be lodged within 7 days.

Date:
Account Name: (Freight Payer)
Contact Person:
Address:
Telephone #: Fax #:
Email Address:

CLAIM DETAILS

Consignment Note #: Despatch Date:
Sender: Receiver:
Sender Address: Receiver Address:
Sender Contact: Receiver Contact:
Phone: Phone:
Type of Claim: [ ] Damage [ ] Loss Other:
Cost of Goods:
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 KPH Transport Ltd and 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, that our liability is limited to \$2000 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:

Office Use Only

CUSTOMER CHECKLIST:

- Attached Proof of Cost (Your supplier invoice)
Attached POD (Endorsed Consignment Note)
Attached Invoice

Table with 2 columns and 4 rows: Claim #, Claim Entered, Claim Status, Claim Amount, Claim Paid.