



CUSTOMER CLAIM APPLICATION FORM

KPH Transport Ltd
Part of the NZ Hothouse Group L
P 09 295 902
F 09 295 9011
claims@kphtransport.co.nz

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 (excl GST) will be accepted

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

CLAIM DETAILS

KPH Con Note #: _____ 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 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, 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**

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