



RISK WARRANTY CLAIM FORM

Coastal Midwest Transport offers to all Customers a Risk Warranty Fee to be added to each consignment to cover up to \$500 of damages, any items that may exceed \$500 Coastal Midwest Transport encourages the Customer to take out Insurance to ensure that they are covered.

Please complete the details below and submit the claim form to hayley@coastalmidwest.com.au to be assessed for payment, no payments can be made without a repair quote.

| | |
|---|---|
| Customer Name: | Date of loss/damage: / / |
| Address: | Connote Number: |
| Contact Person: | Was Risk Warranty Paid? Y N Cost: |
| Contact Number: | Location of loss/damage: |
| Sender Name: | Receiver Name: |
| Address: | Address: |
| Contact No: | Contact No: |
| Date of Dispatch: / / | Date of arrival: / / |
| When loss/damage was first discovered? / / | Was there any delay? Y N |
| If "Yes" please explain why? | |
| Details of the loss/damage Incident | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| What were the details of the goods involved | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Can the goods be repaired? Y N | |
| If "Yes" – Please attach a copy of the repair quote | |
| If "NO" – Please explain why and attach a copy of the replacement cost | |
| _____ | |
| _____ | |
| _____ | |
| Payment Details: | |
| Are you happy to receive a credit to your account for the payment of this claim? Y N | |

EFT payment details (If you do not want a credit to your account please complete this section for payment directly into your account)

Account Name:

Account Number:

Bank Name:

BSB Number:

Bank Address:

State:

Postcode:

Declaration:

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Name: _____

Position: _____

Signature: _____

Date: / /

OFFICE USE ONLY

Claim Accepted: / /

Claim Paid: / /

Method: EFT Payment Credit

Coastal Midwest Transport Management:

Name: _____

Position: _____

Signature: _____

Date: / /