



Incident Form

Complete and fax to (07) 36084650 or email to claims@followmont.com.au

A representative from FreightWise will contact you following the receipt of your claim. Once your claim is lodged FreightWise can be contacted on (02) 9909 6111 or claims@freightwise.com.au

Freight Company		Consignment Note Number	
Customer Code			
Name of Claimant			
Address			
Phone	Mobile	Fax	e-mail
Sender (Consignor)		Receiver (Consignee)	
Address		Address	
Postcode		Postcode	
Date of despatch			
Description of goods consigned			
(Please describe goods as accurately as possible as they may have lost their documentation)			
Details of Loss or Damage			
Amount claimed			
Please supply a cost price invoice for the value of the goods consigned			
DECLARATION			
<p>I ACKNOWLEDGE THAT COMPLETION OF THIS FORM IS FOR INCIDENT REPORTING PURPOSES ONLY AND THAT ANY CLAIM WILL BE SUBJECT TO MY BEING A PARTICIPANT IN THE FREIGHTSAFE WARRANTY PROGRAM AND MY CLAIM BEING APPROVED AS PER THE TERMS AND CONDITIONS.</p> <p>I AM THE LEGAL OWNER OF THE GOODS CONSIGNED AND DECLARE THAT THE ABOVE MENTIONED STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.</p>			
Signature		Date	