

FreightSafe Claim Form

Complete and email to claims@followmont.com.au

Once your claim is lodged, a representative from FreightSafe will be in contact with you.

Freight Company:		Consignment Note Number:	
Customer Code:		Name of Claimant: (Account holder)	
Address:			
Suburb:		Postcode:	
Phone:		Mobile:	
Fax:		Email:	

Sender / Receiver Details

Sender: (Consignor)		Receiver: (Consignee)	
Address:		Address:	
Suburb:		Suburb:	
Postcode:		Postcode:	

Details

Date of Dispatch:			
Lost or Damaged:	<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged	<input type="checkbox"/> Other (Please specify) _____
Description of all goods consigned:			
Description of lost / damaged goods:			
Details of initial contact with carrier regarding lost / damaged goods:			
Amount claimed (ex GST):			

Checklist

<input type="checkbox"/> Cost price Invoice attached	<input type="checkbox"/> Photographic evidence attached (If applicable)
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Declaration:

I acknowledge that completion of this form is for Incident reporting purposes only, 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 located on the Followmont website www@followmont.com.au. 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.

Name:		Position:	
Signature:		Date:	

To ensure your claim is finalised in a timely manner we strongly encourage applicants to include all supporting documentation at time of lodgement.