



CLAIM APPLICATION FORM

Phone: 0800 865 569

Email: tollnzclaims@tollgroup.com

Claimant Details

| | |
|---------------------|----------------------|
| Customer Code | Date |
| Customer Name | Phone () |
| Address | E-mail Address |
| | Tax Invoice No |
| | GST No |

Consignment Details

| | |
|---------------------------|------------------------|
| Con Note No | Date |
| Origin City | Destination City |
| Carrier's Liability | Freight Markings |

Details of Damage/Loss (please give a brief description of the damage/loss incurred)

Salvage/Recovery (please state what measures have been taken to salvage/recover any damage/loss)

Current Location of Goods (please select location and detail the address)

| | |
|------------------------------------|------------------------------|
| Sender (Consignor) | Receiver (Consignee) |
| Toll (please specify branch) | Other (please specify) |

Claim Details (If a Tax Invoice is attached showing quantities/descriptions, insert totals only)

| Quantity | Description | Unit Cost | Amount |
|---------------|-------------|-----------|--------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| Total | | | \$ |
| Plus GST | | | \$ |
| Invoice Total | | | \$ |

Declaration (if you are not the Freight Payer, please attach their letter authorising you to make this claim on their behalf)

I declare that the details on this Claim Application Form are correct, and a proof of value (invoice from supplier) has been attached.

| | |
|----------------|-----------------|
| Name | Signature |
| Position | Date |

Post to:

Claims Administrator
Toll Networks (NZ) Limited
Private Bag 24901
Royal Oak 1023
AUCKLAND
 (Email preferred)

Toll use only

| | |
|---------------------------------|-------------------------------|
| POV <input type="checkbox"/> | FCLD <input type="checkbox"/> |
| GST <input type="checkbox"/> | FC <input type="checkbox"/> |
| SIGNED <input type="checkbox"/> | PD <input type="checkbox"/> |

Branch

Other