



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
NZ National Networks Limited

(Email only)

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			