| Customer Claim Notification Form   |                   |                             |        |   |                          |         |         |            |             |         |  |
|--|-------------------|-----------------------------|--------|---|--------------------------|---------|---------|------------|-------------|---------|--|
| TO BE COMPLETED BY CLAIMANT & RETURNED TO: FreightForce Distribution, Unit 1A Guardian Road Ind Est, Norwich, NR5 8PF. Fax: 01603 622045   |                   |                             |        |   |                          |         |         |            |             |         |  |
| Claimant name and address:   |                   |                             |        |   |                          |         |         |            |             |         |  |
| Contact name   | ontact name       |                             |        |   | Vat Registered : Yes/No  |         |         |            |             |         |  |
| Telephone/Fax no.  |                   |                             |        | Email address                             |                          |         |         |            |             |         |  |
| About the Incident   |                   |                             |        |   |                          | •       |         |            |             |         |  |
| Is this the first written notification of the second of th |                   |                             |        |   | paperwork                | and avo | oid ask | ing you fo | r somethin  | g twice |  |
| Consignment Number (if known)  |                   |                             |        | Your Ref (if different)                   |                          |         |         |            |             |         |  |
| Date of Despatch:  | _                 |                             | 10     | •   | te of Inciden            |         |         | 1          | 1 00        | ı       |  |
| Nature of claim Full description of goods  | Damage            |                             | Shorta | ge  |                          | Non-de  | elivery |            | Other       |         |  |
| How were the goods packed and  | L<br>secured to t | he pallet?                  |        |   |                          |         |         |            |             |         |  |
| Full description of what happened *  |                   |                             |        |   |                          |         |         |            |             |         |  |
| Collection Address   |                   |                             |        | De  | livery Addres            | SS      |         |            |             |         |  |
| Where can damaged goods be ins   | spected?*         |                             |        |   |                          |         |         | ļ          |             |         |  |
| Total weight of Consignment (and evidence of this if possible)   | Kgs               |                             |        | Weight of missing/damaged goods           |                          |         | Kgs     |            |             |         |  |
| Total <b>cost price</b> value of consignment   | £                 |                             |        | Cost price value of missing/damaged goods |                          |         | £       |            |             |         |  |
| Amount claimed   | £                 |                             |        |   | here any sa<br>ase comme | •       | alue?   |            |             |         |  |
| * We will expect the delivery not<br>*You  |                   | een claused<br>the goods fo |        |   |                          |         |         |            | me of deliv | ery     |  |

| Essential Documents (Tick Box)  | Notes  |
|---|--|
| Your Suppliers COST PRICE invoice (or evidence of your profit margin)   | The principle is that you can only claim for the cost of the goods to you – so that you do not make a profit twice from  |
| Your SALES invoice showing price paid by your customer  | the same incident.  If you re-supply your customer you will make a profit from that sale.  You can reclaim from us an amount up to the net cost of the goods to you (subject to RHA limitations)                       |
| Your Written notification of your intention to claim.  This must be within 14 days (7 days if goods were signed for undamaged and complete)  If NOT within 14 days of incident, a written explanation for delay is required | These are RHA time limits – we trade with you under RHA Conditions.  If you do not provide the appropriate information and documents within these timescales we (or our insurers) may not be liable to meet any claim. |
| For DAMAGED goods - Photographic evidence   | To allow insurers to assess extent of damage and consider salvage value if any.  |

| Signature  | Date: |  |
|------------|-------|--|
| Print name |       |  |

This form is to give you guidance as to what information is required

Any delays in providing information as shown WILL result in delays in dealing with your claim and can result in the claim not being admissible.