



Dear Client,

**RE: CLAIM APPLICATION WITH RETKO LOGISTICS LIMITED**

Please find attached a copy of Retko Logistics Claim Application Form. This form is used when lodging claim with Retko Logistics Limited.

A letter will be sent to you confirming our receipt of the Claim Application Form and supporting documentation. We will also include a Claim Number generated at the time of referencing your claim. Please quote this number in any further correspondence.

To help us respond quickly to your claim, please ensure all sections of the form are completed in full, including the declaration at the bottom. When completed, please attach a Tax Invoice made out to Retko Logistics Limited. Your invoice should be at COST price – and detail all damaged/missing product(s) with the extended unit costs. The consignment note number must be endorsed on the invoice.

We also require a proof of value for the claim. Items that may be used include a copy of the original invoice to your customer, your wholesale price list or computers screen-print showing cost and wholesale prices. In addition, a copy of the consignment note or any other supporting documentation available should be attached.

**Pricing is strictly confidential.**

**Once collated, please post to the address provided on the bottom of the claim form. We are not able to process a claim using a fax copy.**

The issuing of this form or claim number does not admit liability for your claim – and approval is conditional upon any damaged product being available to us as salvage. Should the claim be approved, we will be in contact with you prior to releasing any payment to arrange collection of this salvage.

We undertake to resolve your claim number as promptly and efficiently as possible. Should you require further assistance, please do not hesitate to contact us on 09 279 7182.

Yours Sincerely,

**Retko Administration**

# Claim Application Form



## DETAILS OF CLAIMANT: (Claims will only be accepted from the freight payer)

Company/

Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Tax Inv/GST: \_\_\_\_\_  
\_\_\_\_\_

## DETAILS OF CLAIM:

Con \_\_\_\_\_  
Note #: \_\_\_\_\_ Date of Despatch: \_\_\_\_\_  
Sender: \_\_\_\_\_ Receiver: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of Consignment: \_\_\_\_\_

(tick beside yes or no) - Damage: Y  N  Loss: Y  N  Other: \_\_\_\_\_

## DAMAGED FREIGHT BEING HELD BY:

Sender:  Receiver:  Retko:  Other:  \_\_\_\_\_

Was the loss/damage reported at the time of delivery? Y  N  (tick beside yes or no)

Other relevant information: \_\_\_\_\_

## CLAIM APPLICATION CHECKLIST (To be completed before your claim application can be processed)

Fully completed Claim Application Form   
Correct consignment note number   
Invoice at cost price   
Proof of value (e.g. Copy of invoice to your customer)

**I declare to the best of my knowledge, that the details given on this form are true and correct.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Faxed claims cannot be processed. POST this form and full documentation (without prejudice) to:**  
Retko Logistics Ltd  
PO Box 97424  
South Auckland Mail Centre  
Auckland

## NOTE

- \*Retko Logistics Limited do not admit liability by the issue of this form.*
- \*All claims for damage must be lodged within 7 days of delivery.*
- \*All claims for loss must be lodged within 14 days of despatch.*