



Unit G, Building 3
 First Floor
 195 Main Highway
 Ellerslie
 P O Box 58-145, Greenmount
 Auckland
 Phone: 09 970 5560
 Fax: 09 970 5564

CLAIM FORM

CONSIGNER (Sender)

CONSIGNEE (Receiver)

Type of Claim

<input type="checkbox"/> Damage	<input type="checkbox"/> Loss	<input type="checkbox"/> Partial loss
<input type="checkbox"/> POD Issue	<input type="checkbox"/> Other _____	

TO ENSURE YOUR CLAIM IS PROCESSED PROMPTLY PLEASE PROVIDE THE FOLLOWING

LOSS/POD ISSUE

Documentation to/from Cardinal Logistics indicating loss of consignment/not able to provide a POD

DAMAGE

Copy of the damage notification to Cardinal Logistics and any correspondence relating to this

VERIFICATION OF COST

Copy of Invoice to customer
 Pro-forma Invoice showing value sought
NB: Invoice of goods shall be at the cost value of product that is lost or damaged

INSPECTION

Damage claims over \$500 require inspection or photographic evidence

CLAIMS CHECKLIST	
HAVE YOU GOT ALL THE NECESSARY INFO?	
<input type="checkbox"/> Invoice to customer	<input type="checkbox"/> Claim Invoice
<input type="checkbox"/> Supporting documents	<input type="checkbox"/> Damage Notification

Total amount of Claim sought from Cardinal Logistics (Cost Value of Product only)

\$ _____ (incl GST)

CONTACT DETAILS

NAME: _____ DATE: _____

PHONE: _____ FAX: _____

EMAIL: _____

NB: All claims are subject to the "Carriage of Goods Act 1979"
PLEASE ENSURE YOU HAVE ALL RELEVANT DOCUMENTATION ATTACHED
 PLEASE SEND DIRECT TO: CLAIMS ADMINISTRATOR - Johanna Parsons
 BY FAX: 09 9705564
 BY EMAIL: johannap@cfid.co.nz
 BY POST: Cardinal Logistics P O Box 58145 Greenmount Auckland