

CLAIM APPLICATION FORM



**PRO-FORMA CLAIM MUST BE
LODGED WITHIN 30 DAYS**

Claims Supervisor
(09) 488 6826

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 _____

Details of Damage/Loss (please give a brief description of the damage incurred and any container/equipment reference numbers)

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 a letter from the Freight Payer 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 Supervisor
KiwiRail
Private Bag 92138
AUCKLAND MAIL CENTRE**

KiwiRail 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	_____		