

DAMAGE WAIVER CLAIM FORM

Claim Number:.....

Customer: Account Number:

Address: Quote Number:

..... (Quote number required if no account)

Phone: Facsimile: Email:

ARE YOU REGISTERED FOR GST PURPOSES?

NO YES What is your ABN?

Do you claim GST from the Taxation Office for your business? NO YES

If yes, is the Input Tax Credit percentage: 0% 100%

Consignment Number: Consignment Date:

Sent From: Sent To:

Was Proof of Delivery Signed? YES NO

Total Value of Claim: \$

Have any Goods been returned to Northline for Salvage: YES NO

In order for us to process your claim, it is mandatory that you provide a Northline Query Number. Failure to provide this information will result in delays with the lodgment of your claim.

Northline Query Number:

Please advise if someone wishes to purchase the damaged goods: YES NO

If yes, how much? \$.....

BRIEF DESCRIPTION OF INCIDENT / LIKELY CAUSE?

.....
.....
.....

IMPORTANT: Please attached to the Claim Form:

A copy of the Northline Consignment Note, Repair Quote, Original Commercial Invoice (from seller to buyer). Failure to provide required information will result in delays with processing your claim.

ALL CLAIMS ARE TO BE LODGED WITHIN 30 DAYS OF THE CONSIGNMENT DATE

I declare that to the best of my knowledge, the information in this claim form is true and correct and I have not withheld any relevant information.

Signature of Customer:Print Name:Date:

Post of Fax to: IC Frith & Associates Phone: 1300 853 339
PO Box 440, Fullarton SA 5063 Facsimile: 08 8272 9514