



Claim Form

BORDER EXPRESS PTY LTD

ABN: 82 000 533 880

MELBOURNE EAST OFFICE

86 WHITESIDE ROAD
CLAYTON SOUTH VIC. 3169

PH: 03 9263 3700

FAX: 03 9263 3750

EMAIL: info@borderexpress.com.au

Consignment Note Number:			
Name of Claimant:			Acct No:
Address:			
Phone:	Mobile:	Fax:	E-mail:

Sender (Consignor) :	Receiver (Consignee):
Address:	Address:
Postcode:	Postcode:

Date of despatch:

Description of goods consigned
(Please describe goods as accurately as possible as they may have lost their documentation)

Details of Loss or Damage

Amount claimed: \$
Please supply a cost price invoice for the value of the goods consigned

DECLARATION

I AM THE LEGAL OWNER OF THE GOODS CONSIGNED AND DECLARE THAT THE ABOVE MENTIONED STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature	Date
Please supply your EFT banking account details	BSB:
	Account No:
	Name of Bank:
	Account Name: