

# Cool Distribution

11 Clemow Drive, Mt wellington

Phone : (09) 573 6170

Fax : (09) 573 6180

## Claims Form

Please complete the following information for your claim and return to Cool Distribution within 7 days of receipt.

### Sender (Consignor)

Claim No (Required)	
Customer	
Address	
Phone	

### Received (Consignee)

Customer	
Address	
Phone	
Invoice #	
Delivery date	

Customer	COOL DISTRIBUTION LTD
Address	11 CLEWOW DRIVE, MT WELLINGTON
Phone	09 573 6170

Please complete the following questions to assist in the processing of your claim.

1. When was Cool Distribution notified of Damage/Loss/Shortage? \_\_\_\_\_
2. How were we notified? Phone/Fax/Email (delete one)
3. Name of person contacted at Cool Distribution? \_\_\_\_\_
4. Give details of claim \_\_\_\_\_  
\_\_\_\_\_
5. If damaged is there any salvage value : YES/NO (delete one) if yes \$ \_\_\_\_\_
6. What is the total of your claim? (exclue G.S.T) (Please deduct any salvage value from question 5 above)  
\$ \_\_\_\_\_

Please enclose a tax invoice debiting Cool Distribution with the goods in question. Freight cannot be added to the value claimed. Claims if accepted are paid separately and must not be deducted from your account with us.

Please note Cool Distribution's liability ends once a clean signature from the consignee is obtained upon delivery of goods. All requests for a proof of delivery must be in writing to us within 30 days of dispatch. Any request outside will be decided on by management decision. No claim will be accepted without this completed form.

Signature: \_\_\_\_\_

Printed Name : \_\_\_\_\_

Position: \_\_\_\_\_

Date : \_\_\_\_\_