

LOSS CLAIM REPORT

		APPLICATION DATE	<input type="text"/>
HANDLED BY TGI	<input type="text"/>	REPORT NO.	<input type="text"/>

IMPORTANT NOTICE

1. CLAIMS NEED TO BE REPORTED WITHIN 5 WORKING DAYS AFTER DELIVERY.
2. CLAIMS REPORTED AFTER THIS PERIOD WILL NOT BE ACCEPTED

CUSTOMER INFORMATION			
CLIENT NAME	<input type="text"/>	CLIENT REFERENCE	<input type="text"/>
CONSIGNEE NAME	<input type="text"/>	COUNTRY	<input type="text"/>

LIABILITY INFORMATION			
DATE OF INCIDENT	<input type="text"/>	LIABILITY ADMITTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTACHMENTS:	<input type="checkbox"/> PHOTO'S	<input type="checkbox"/> POLICE REPORT	<input type="checkbox"/> SIGNED CMR <input type="checkbox"/> OTHER

PRODUCT			
MODEL	DESCRIPTION	QTY	VALUE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CUSTOMER REMARKS
<input type="text"/>
<input type="text"/>
<input type="text"/>



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LOSS ASPECTS OF THE INCIDENT				
WHEN THE PALLETS ARRIVED AT THE WAREHOUSE, DID YOU NOTICE ANY DIFFERENCE?				<input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, PLEASE DEFINE	<input type="checkbox"/> WRAPPED FOIL ON PALLET WAS DAMAGED	<input type="checkbox"/> PALLET WAS NOT SEALED WITH FOIL		
<input type="checkbox"/> OTHER	<input type="text"/>		<input type="checkbox"/> CARTONS FALL WAS PACKED IRREGULARLY	
WAS THERE ANY REMARKS MADE ON THE CMR? IF YES, PLEASE SEND US THE CMR COPY			<input type="checkbox"/> NO <input type="checkbox"/> YES	SEND CMR
WHEN DO YOU NOTICE THE GOODS ARE MISSING?				
<input type="checkbox"/> AFTER REMOVING FOIL FROM THE PALLET		<input type="checkbox"/> AFTER COUNTING THE GOODS		
<input type="checkbox"/> OTHER	<input type="text"/>			
DID YOU MAKE ANY PHOTO'S?				
<input type="checkbox"/> NO	<input type="checkbox"/> YES	SEND PHOTO'S	OTHER	<input type="text"/>
DID YOU CHECK THE QUANTITIES OF THE PALLETS UPON ARRIVAL IF YES, PLEASE LET US KNOW FROM WHICH LIST DID YOU COMPARE AND CHECK.				
<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> CMR	<input type="checkbox"/> PACKING LIST	OTHER <input type="text"/>
DID YOU CHECK THE QUANTITIES OF THE CARTONS AFTER REMOVING THE WRAPPED FOIL FROM THE PALLET? IF YES, PLEASE LET US KNOW FROM WHICH LIST DID YOU COMPARE AND CHECK				
<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> CMR	<input type="checkbox"/> PACKING LIST	OTHER <input type="text"/>

TGI REMARKS
<input type="text"/>
<input type="text"/>
<input type="text"/>

