

## DAMAGE 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"/>



## DAMAGE CLAIM REPORT

DAMAGE ASPECTS OF THE INCIDENT			
WAS THE DAMAGE VISABLE UPON ARRIVAL			<input type="checkbox"/> NO <input type="checkbox"/> YES
WAS THE WRAPPED FOIL DAMAGE ON THE PALLET UPON ARRIVAL			<input type="checkbox"/> NO <input type="checkbox"/> YES
WAS IT A DOUBLE STACKING PALLET?			<input type="checkbox"/> NO <input type="checkbox"/> YES
WAS THERE ANY REMARKS MADE ON THE CMR? <small>IF YES, PLEASE SEND US THE CMR COPY</small>		<input type="checkbox"/> NO <input type="checkbox"/> YES	→ SEND CMR
DID YOU TAKE PHOTO OF THE DAMAGE PALLET UPON ARRIVAL? <small>IF YES, PLEASE PROVIDE US THE PHOTO'S OF THE PALLET, IF POSSIBLE, ALL SIDES &amp; TOP</small>		<input type="checkbox"/> NO <input type="checkbox"/> YES	→ PHOTO'S
THE DAMAGE IS FOUND ON THE PALLET OR CARTON? <small>IF BOTH PALLET &amp; CARTONS ARE DAMAGED, PLEASE CLICK BOTH QUESTIONAIRES AND PROVIDE THE PALLET AND SERIAL NO.</small>			
<input type="checkbox"/> PALLET DAMAGE	HOW MANY PALLETS?	____ PALLET (S)	<input type="checkbox"/> PALLET NO. <input type="text"/>
<input type="checkbox"/> CARTON DAMAGE	HOW MANY CARTONS?	____ CARTON (S)	<input type="checkbox"/> SERIAL NO. <input type="text"/>
DAMAGE CARTON WAS NOTICED DURING BREAKDOWN OF THE PALLET. <small>PLEASE INDICATE WHERE THE DAMAGE OCCURRED.</small>			
<input type="checkbox"/> YES, ON TOP OF THE PALLET	<input type="checkbox"/> SEND PHOTO'S	<input type="checkbox"/> YES, BOTTOM OF THE PALLET	
<input type="checkbox"/> YES, MIDDLE OF THE PALLET	<input type="checkbox"/> SEND PHOTO'S	<input type="checkbox"/> YES, <input type="text"/>	
<input type="checkbox"/> YES, CARTON PART FACING INSIDE	<input type="checkbox"/> SEND PHOTO'S	<input type="checkbox"/> YES, CARTON PART FACING OUTSIDE	
DAMAGE GOODS ARE AVAILABLE FOR PICK UP?			<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> AVAILABLE FOR OUR PICK UP	WHEN <input type="text"/>	REFERENCE NO. <input type="text"/>	

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

