

# HALL'S GROUP CLAIM FORM



Claim Details	
Claim Application Date:     /     /	Claim Event Date:     /     /
Company Name:	Account Code:
Consignment No:	Pallets:                      Cartons:
Pickup Address:	Delivery Address:
Chilled/Frozen:	Customer Order No:
Description of Goods:	Expiration Date:
Claim Invoice No:	Claim Value (incl. GST):
Claim Type: <input type="checkbox"/> Short-land <input type="checkbox"/> Damaged <input type="checkbox"/> Temperature Out of Spec	
<input type="checkbox"/> Missing <input type="checkbox"/> Other (please specify):	
Description of Claim: (details of damage/loss/events)	
Product Location Details: <input type="checkbox"/> Sender <input type="checkbox"/> Receiver <input type="checkbox"/> Care of Halls <input type="checkbox"/> Other:.....	
Salvage Details: <input type="checkbox"/> Customer Disposed <input type="checkbox"/> Halls Disposed <input type="checkbox"/> Customer Salvage <input type="checkbox"/> Halls Salvage	

## Claim Application Checklist

- Completed Carriage of Goods Claim Form
- Cost Price Invoice to Hall's Group GST inclusive. Please deduct any salvage value organized by you
- Retail invoice to your end customer (Proof of value)
- Email correspondence with Hall's Customer Service regarding investigation into Damaged/Missing freight.
- Copy of Proof of Delivery (POD) stating:
  - a) Number of short-landed item/s
  - b) Note of damages/Temp Issue
- Copy of signed Pickup Consignment to validate Hall's collected the freight
- Photo evidence of physical damage (where applicable)
- Destruction Certificate if disposed by you

## DECLARATION

I declare that the details provided in this claim application are true and correct. Hall's reserve the right to decline the claim, if information provided is incorrect.

Name:		Position:	
Signature:		Date:	