



**SUNRISE**  
LOGISTICS

## GOODS IN TRANSIT CLAIM FORM

Please complete all required details and return together with all listed attachments to: [claims@sunrise-express.co.za](mailto:claims@sunrise-express.co.za)

Name of Claimant		Waybill Number	
		Date of Despatch	
Customer Account Number		Customer Phone Number	
Contact Person Name		Mobile Number	
Fax Number		E-mail address	
Sender (Consignor)		Receiver (Consignee)	
Address		Address	
Date of Claim:		Date Goods Delivered	
Description of Goods (Please ensure a copy of the delivery documentation is attached. Please describe goods as accurately as possible as they may have lost their documentation)			
		Details of Loss or Damage (Mark relevant block)	Lost    Damaged
Description of Incident			



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Value of Claim (R) (Please supply a copy of original cost price invoice from the supplier for the goods lost or damaged)		R
Name of person submitting claim		
Name of Account Manager		
<b>Declaration:</b> i acknowledge that completion of this form is for incident reporting purposes only and that any claim will be subject to being a participant in the goods in transit service and my claim being approved as per the terms and conditions.		
Form completed by	(print name):	
Signature	E-mail Address	
	Telephone No.:	
	Date	

### Claim must be accompanied by:

Copy of POD	
Copy of Waybill	
Copy of Incident Report	
Cost Price Invoice:	
Evidence of damage/loss	
Digital Photographs (if damaged)	