



## Claims Form

Please complete all sections and return to [Office@azap.co.nz](mailto:Office@azap.co.nz) within 7 working days of delivery.

Section A to be completed by customer				
Date			Date item affected sent	
Ticket / consignment number			Customer number	
Sender			Receiver	
No of items consigned			Value of item (inc GST)	
No of items affected			Loss / Damage	
Location of goods				

Your name		Company name
Position held		Contact number

I hereby confirm the above to be true and correct to the best of my knowledge and in accordance with the AZAP terms and conditions of cartage. I understand this claim form does not assure or guarantee this claim will be accepted.

Signed:

Date:

AZAP Couriers to complete	Staff Member name:	
Clean Signature?		
Transit damage noted?		
Claim acceptance?	Accepted	Declined
Was the damage repaired or is this a full claim?	Repaired	Full claim
Amount paid to customer \$		
Customer notified of outcome? (attach letter sent)		
Location of goods ( if claim accepted)		