



# CARGO CARE CLAIM FORM

*8 Days a Week*

Company Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Waybill Date: \_\_\_\_\_ Waybill Number: \_\_\_\_\_

Origin Address: \_\_\_\_\_ Destination Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Tel No: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Description of Goods: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Value of missing / damaged goods: R \_\_\_\_\_ ex vat Reason: 

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Damage Theft

Was the waybill endorsed by consignee YES  NO

If no is ticked, 2.3. Customers must notify SWE in writing within 24 hours of delivery of any damage

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Declaration: I acknowledge that completion of this form is for incident reporting purposes only, and that any claim will be subject to approval, according to the Cargo Care terms and conditions

Claimant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No claim will be processed unless the following documentation is submitted within 10 days and accompanied with this claim application form:

Copy of POD  Invoice from Supplier:   
Digital photographs of goods and packaging  Alternative proof of cost  (If no supplier invoice available)

Completed form and documentation to be emailed to : [cargocare.claims@swe.co.za](mailto:cargocare.claims@swe.co.za)