



UTi Sun Couriers Claim Form



Version 2.0 - Updated 06/12/2011

Claimant to complete in full and forward with all required documentation to UTi Sun Couriers, Claim Department:

Tel: 0861 80 30 80	Physical Address:	Postal Address:
Fax: 086 260 9613	Cnr Olievenhoutbosh & Brakfontein Road	P O Box 63
Email: claims1@za.go2uti.com	Centurion, 0046	The Reeds, 0061

DETAIL OF CLAIMANT

Company Name:	Contact Person:
Postal Address:	Physical Address:
Contact Telephone:	Contact Email:
Contact Facsimile:	Account Number:

PLEASE NOTE: Any payments made, will be to the account holder only unless instructed by the account holder, in writing, to pay a third party.

TYPE OF CLAIM: Loss: Damage: Hijack: Other: (Please Specify)

SHIPMENT DETAIL - ALL CLAIMS TO BE SUBMITTED WITHIN **7 DAYS** OF DISPATCH DATE

Dispatch Note Number:	Tracking Number(s):
Description of Cargo Claimed:	Amount Claimed
Supplier Invoice Ref Number: (Detailing claimed items - please attach copy)	
Delivery Note Number: (Detailing claimed items - please attach copy)	
Declared Value on Dispatch Note:	Total Value of Shipment:

PLEASE NOTE: VAT is only payable if it is included in the declared amount.

PLEASE PROVIDE THE FOLLOWING DETAIL TO ASSIST US IN RETRIEVING SALVAGE WHERE APPLICABLE

Company Name	Contact Person
Contact Number	Contact Email
Physical Address	

Claimant's Signature:

Date:

OFFICIAL USE ONLY:

If under insured apply average: **Claim Number:**

Declared Value: X **Amount Claimed** ÷ **What Declared Value Should Be:** = **Amount Payable**

Claim submitted by: **Branch** **Date**

Branch Manager Authorization

Ops Director Authorization

Name:

Signature:

Date:

Name:

Signature:

Date: