



Damage Claim Form

Company Details:

Freight Received From:

Waybill No.: _____

Date Received: _____

Invoice No. : _____ *(if available)*

Description of Damage :

(Where possible, please provide Digital Images.
Email to accounts@unitedmovers.co.nz)

Cost of repairs (if available) \$ _____

Location Where Damaged Item can be viewed:

Signature : _____

Date : _____

Please Print Name: _____

Complete this form and return to us promptly in order that your claim can be considered. Fax to 03 344 3929 or email to info@unitedmovers.co.nz