

# Claims Investigation Report

Please complete client details and email to [claims@mainstream.co.nz](mailto:claims@mainstream.co.nz) or fax to 09 522 8845

SECTION A: TO BE COMPLETED BY THE CLIENT			
Today's Date:		Despatch Date:	
Consignment Note #:		Branch:	
(Please attach a copy of the consignment note if possible)			
Sender:		Destination:	
Account # :		Estimated Value \$:	
		(Cost price excluding GST)	
Number of Items:		Loss / Damage:	
Location of damaged goods:			
Description of goods:			
Your company name:		Phone number:	
Fax number:		Contact name:	
Position held:		Email address:	
Signed:			
SECTION B: MAINSTREAM TO COMPLETE (all supporting reports and letters to be attached)			
Date received:		Clean P.O.D	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Clean outturn report:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Loss: <input type="checkbox"/>	Depot damage: <input type="checkbox"/>	Transit damage: <input type="checkbox"/>	Delivery damage: <input type="checkbox"/>
Is there a counter claim:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Proforma sent to contractor:			
	(name of contractor)		
Date contractor advised:		Goods located at:	
Cost of goods (estimate only):		Cost of freight:	
Branch Managers Signature:			
SECTION C: MAINSTREAM TO COMPLETE		DECLINED	
Reason:		Date letter sent to client:	
		(please attach copy)	
SECTION D: MAINSTREAM TO COMPLETE		ACCEPTED	
Date of acceptance letter:		Order number:	
Goods Collected:	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Goods located at:	
Client invoice number:	Date paid:	Cheque #:	Amount \$:
On charged to:		Date paid:	
Invoice #:		Amount \$:	
On charged customer invoice:	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Oncharged cost of freight:	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Report / Advice prepared by (please print):			