

+27 87 378 1591

430 Martin Crescent, Tunney, Germiston,
Johannesburg, South Africa, 1614

csd@mTEXpress.co.za

www.mTEXpress.co.za



FAST, RELIABLE AND
SECURE DELIVERY
SOLUTIONS

INSURANCE CLAIM FORM

Please complete all sections clearly. Incomplete forms may delay claim processing.

1. CLAIMANT DETAILS

Company Name:

Account Number:

Contact Person:

Contact Number:

Email Address:

Physical Address:

2. SHIPMENT DETAILS

Waybill Number:

Collection Date:

Delivery Date:

Origin:



+27 87 378 1591

430 Martin Crescent, Tunney, Germiston,
Johannesburg, South Africa, 1614

csd@mTEXpress.co.za

www.mTEXpress.co.za



Destination:

3. CLAIM TYPE

Loss Damage Short Delivery Missed delivery

4. DESCRIPTION OF GOODS

Description of Goods:

Quantity:

Weight:

Packaging Type:

5. CLAIM DETAILS

Detailed Description of Loss/Damage:

Date Issue Was Identified:

Claim Amount (ZAR):



6. SUPPORTING DOCUMENTS ATTACHED

- Proof of Value
- Proof of Delivery
- Photos of Damage
- Packaging Photos
- Condition Report

7. DECLARATION

I hereby declare that the information provided is true and correct. I acknowledge that this claim is subject to the courier's Standard Terms and Conditions.

Claimant Name:

Signature:

Date:

FOR OFFICE USE ONLY

Claim Reference Number:

Assessed By:

Outcome:

Approved Amount:

Date:

