



CUSTOMER CLAIMS FORM

Formal claim submission for loss or damage

TME FURNITURE REMOVALS (PTY) LTD

Reg. No. 2018/084042/07

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Claim Reference No.:	
Job / Reference No.:	
Client Name:	
ID / Passport No.:	
Contact Number:	
Email Address:	
Date of Claim:	

CLAIM DETAILS

Item No.	Item / Description	Claim Type	Amount Claimed	Details
1		☐ Damage ☐ Loss		
2		☐ Damage ☐ Loss		
3		☐ Damage ☐ Loss		
4		☐ Damage ☐ Loss		
5		☐ Damage ☐ Loss		

Supporting documents / photographs attached:

☐ Photos ☐ Inventory ☐ Delivery Note / POD ☐ Damage / Loss Report ☐ Other: _____

Customer description of claim:

Customer declaration

I confirm that the information provided in this claim is true and relates to the goods transported under the above job/reference number.

Customer / Representative Signature

TME Representative Signature

Date: _____

Date: _____