

Dear Client,

### Re: Claim Application with The PBT Group

Please find attached a copy of The PBT Group Claim Application Form. This form can also be completed online at [www.pbt.co.nz](http://www.pbt.co.nz) and is used when lodging a claim with any company within the Group.

To help us respond quickly to your claim, please ensure all sections of the form are completed in full, including the declaration at the bottom. A checklist of all required documentation is listed below.

**Please note that claims will only be accepted from the freight payer (PBT account holder).**

- ☐ Fully completed Claim Application Form.
- ☐ Correct PBT Couriers ticket number or Peter Baker Transport consignment note number.
- ☐ Invoice at **cost price\*** (listing individual items and cost) and billing the relevant PBT company. (eg. PBT Transport Limited Claims Account)  
*\* Cost price refers to cost of manufacture by your business or cost price supplied to you by the manufacturer.*
- ☐ Copy of invoice billing your client.
- ☐ Proof of value, please provide either:
  - ☐ A copy of invoice(s) for material(s); or
  - ☐ A copy of invoice(s) from supplier of goods to your business; or
  - ☐ A computer stock print-out showing cost of goods; or
  - ☐ For **claiming repairs** on damaged product, please provide proof of value for replacement of the original product and proof of repair or quote to repair.

Once collated, Claim Application Forms may be **posted, faxed or emailed**. Please note that emailed documents must be in either **PDF, TIF, Excel** or **Word formats (ie. not JPG)**.

The issue of this form or claim number does not admit liability for your claim - and approval is conditional upon any damaged product being available to us as salvage. Should the claim be approved, we will be in contact with you prior to releasing any payment to arrange collection of this salvage.

We undertake to resolve your claim as promptly and efficiently as possible. Should you require further assistance, please do not hesitate to contact us on 09 250 0800 or via email at [claims@pbt.co.nz](mailto:claims@pbt.co.nz).

Yours sincerely,

The PBT Group Claims Department.

## Claim Application Form

**Claim Required for:** ☐ PBT Couriers Limited ☐ PBT Transport Limited ☐ PBT Bulk Limited  
(Please indicate with an "x")

**Details of Claimant:** (Claims will only be accepted from the freight payer)

Company/Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Tax Inv/GST No: \_\_\_\_\_

### Details of Claim

Con. Note/Ticket No: \_\_\_\_\_ Date of dispatch: \_\_\_\_\_  
Sender: \_\_\_\_\_ Receiver: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Contact: \_\_\_\_\_  
Contact: \_\_\_\_\_

Description of consignment: \_\_\_\_\_  
Type of claim: ☐ Damage ☐ Loss ☐ Other \_\_\_\_\_  
Description of damage: \_\_\_\_\_

### Damaged Freight Being Held By

Type of claim: ☐ Sender ☐ Receiver ☐ PBT ☐ Other \_\_\_\_\_  
Was the loss/damage reported at the time of delivery? (Please indicate with an "x") ☐ Yes ☐ No  
Other relevant information: \_\_\_\_\_

### Claim Application Checklist (To be completed before claim application can be processed)

- ☐ Fully completed Claim Application Form.
- ☐ Correct ticket or consignment note number.
- ☐ Invoice at **cost price\*** (listing individual items and cost) and billing the relevant PBT company.  
(eg. PBT Transport Limited Claims Account)  
\* Cost price refers to cost of manufacture by your business or cost price supplied to you by the manufacturer.
- ☐ Copy of invoice billing your client.
- ☐ Proof of value.  
(Note: Please provide either copy of invoice(s) for material(s) or copy of invoice from supplier of goods to your business)

**I declare to the best of my knowledge, that the details given on this form are true and correct.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Claim Application Forms may be **posted, faxed or emailed**. (Emailed documents must be in either **PDF, TIF, Excel or Word formats (ie. not JPG)**). This form and full documentation can be sent (without prejudice) to:  
The PBT Group, PO Box 12-732, Penrose, Auckland, 1642 - Attention: Claims officer.  
Tel: 09 250 0800, Fax: 09 250 0803, Email: [claims@pbt.co.nz](mailto:claims@pbt.co.nz)

### Note:

- Member companies of The PBT Group do not admit liability by the issue of this form.
- Notification of **damage** must be given to PBT within 24 hours of delivery, and a Claim Application form must be lodged to the Claims Department within 7 days of the delivery date.
- All claims for **loss** must be lodged within 14 days of despatch.