



CLAIM FORM

**Customer to complete and return
WITHIN FORTY-EIGHT (48) HOURS OF RECEIVAL OF GOODS
to Sim-Ex by email to: export@simex.com.au**

Customer name	
Address	
Phone	
Email	
Name of shipper	
Destination	
Date of departure	
Date of arrival	
Airway bill No. OR Container No.	
Brief description of damaged goods	
Cost of damaged goods (AUS \$)	
Survey report ordered	Yes (please provide name of surveyor) No
Photos attached	Yes No
Temperature recorder printout attached	Yes No
Copy phyto certificate attached	Yes No
Signature of authorised person of claimant (sign and print name)	
Date	

Last updated: November 2, 2011

*Sim-Ex Export ABN 42 127 390 210
 Unit 3, 7-9 Underwood Road, Homebush NSW 2140
 All correspondence to: PO Box 98, Sydney Markets, NSW 2129
 Ph: +612 9763 1877 Fax: +612 9724 1724*