



"Quality First  
at the Right  
Price"

# Triple M Holdings Pty. Ltd.

ABN 46 009 998 261

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## Transport Damage Claim Form

<b>Date:</b> _____	<b>Customer/Company Name:*</b> _____
<b><u>Contact Details*</u></b>	
Name: _____	Position: _____
Phone No.: _____	Mobile No.: _____
Email: _____	_____
<b><u>Details of Goods</u></b>	
Triple M Quote Number:* _____	Purchase Order Number: _____
Tray ID Number: _____ (For a complete tray or deck, label is located on the left hand rear main rail)	
<b><u>Details of Delivery</u></b>	
Date Goods Received:* _____	
Were the goods signed for as damaged/Subject to inspection?*	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Transport Damage been reported to Triple M Holdings Pty Ltd within 48 hrs of receiving the goods?*	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transport Company: _____	Consignment Number: _____
<b><u>Details of Transport Damage*</u></b>	
(Include photos of damage and list specific parts and part numbers or request a parts catalogue)	
_____	
_____	
_____	
_____	
_____	

<b>Office Use Only:</b>	Incident # _____	Replacement Quote # _____
Customer contacted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Notes: _____ _____ _____
Photos received	Yes <input type="checkbox"/> No <input type="checkbox"/>	
POD confirmed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Required parts confirmed	Yes <input type="checkbox"/> No <input type="checkbox"/>	

\* Required information

^ Please note: Claim may be declined if transport damage has not been declared within 48 hours of receiving goods.

Completed form to be emailed to: [sales@tmhpl.com.au](mailto:sales@tmhpl.com.au) or faxed to: 07 3807 5151

Printed Copy Uncontrolled

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