

TUFF BULLBARS

FREIGHT DAMAGE CLAIM FORM

Date:

Sales Person: _____

Person handling this freight claim: _____

TUFF Job Number _____

Company Name / Client Name: _____

Contact Number of Client _____

Location _____

Freight Company + consignment note # _____

Pictures Attached Yes No

Description of the Damaged

Have the freight company been informed via email or phone call attached with pictures

Yes No

Has this freight claim been finalised and followed up if the client is happy with the finished repaired product ?

Yes No

Please file in the Freight Damaged folder when completed for our records

