**CLAIM FORM**

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| **CUSTOMER INFORMATION** | |
| **CUSTOMER NAME:** |  |
| **CONTACT EMAIL:** |  |
| **CONTACT MOBILE NUMBER:** |  |
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| **CLAIM INFORMATION** | |
| **INVOICE NUMBER:** |  |
| **CONTAINER ARRIVAL DATE:** |  |
| **PHOTOGRAPHS TAKEN:** |  |

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| **DETAILS OF CLAIM** | | | | |
| **PRODCUT CODE** | **PRODUCT NAME** | **ISSUE** | **QUANTITY** | **COST** |
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| **OFFICE USE** | |
| **CLAIM NO:** |  |
| **WAREHOUSE LOADED FROM:** |  |
| **INVOICE PAID:** |  |

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| FEEDBACK ON CLAIM FORM |
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