



063 902 6800
084 756 7433
info@orec.co.za
www.orec.co.za
20 Montreal Drive
Airport City
Cape Town 7490

OUTLINE & REGIONAL EXPRESS COURIER GOODS IN TRANSIT INSURANCE CLAIM FORM

Website: www.orec.co.za

Email: accounts@orec.co.za

Tel: _____

1. CLIENT DETAILS

Company Name: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Physical Address:

2. WAYBILL / SHIPMENT DETAILS

Waybill Number: _____

Date Freight Was Sent: _____

Collection Address: _____

Delivery Address: _____





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OREC Service Used:

- Same Day Overnight Regional Delivery
 Dedicated Load Other: _____

3. CLAIM DETAILS

Type of Claim:

- Damaged Goods Missing Goods Short Delivery
 Water Damage Theft / Hijacking Other: _____

Date Incident Was Discovered: _____

Full Description of Claim / Incident



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4. GOODS INFORMATION

Description of Goods	Qty	Invoice Value	Nature of Damage/Loss

5. SUPPORTING DOCUMENTS REQUIRED

- Copy of Invoice
- Copy of Waybill
- Photos of Damaged Goods
- Proof of Value
- Delivery Note / POD
- Additional Supporting Documents

6. CLAIM VALUE

Total Amount Claimed (Incl VAT):

R _____





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7. DECLARATION

I hereby declare that the information provided in this claim form is true and correct to the best of my knowledge. I understand that submission of this form does not automatically constitute acceptance of liability or approval of the claim.

Name: _____

Position: _____

Signature: _____

Date: _____

IMPORTANT TERMS & CONDITIONS

1. All claims must be submitted within 3 working days from the date of delivery or expected delivery date.
2. Claims will only be considered once all supporting documentation has been received.
3. OREC reserves the right to inspect all damaged goods before settlement of any claim.
4. Compensation is subject to the terms and conditions agreed upon at the time of booking.
5. Consequential loss, loss of profit, or indirect damages are excluded unless specifically insured.
6. All quotes and declared values remain subject to verification.
7. Claims may be rejected where insufficient packaging contributed to the damage.





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OFFICE USE ONLY

Claim Reference Number: _____

Received By: _____

Date Received: _____

Outcome: Approved Rejected Pending Investigation

Approved Amount: _____

Comments:



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