

## How to file a claim?

1. Prior to submitting your claim form, please ensure that you have read the **Terms and Conditions** (<https://au.inxpress.com/au-warranty-terms-and-conditions/>) of the InXpress FreightSafe Warranty.

### ***Please note the following:***

#### A. Grace period for filing a claim

4. The Customer must notify InXpress Australia in writing of any Claim within the following time limits:

- a) where the Receiver has indicated in writing on the Proof of Delivery and has records that they have informed InXpress Australia that damage has occurred in respect of the Goods, within fourteen (14) business days from the date of delivery of the Goods to the Delivery Address;
- b) where the Receiver has acknowledged that the Goods have been delivered and received in good order and condition, within two (2) business days from the date of delivery of the Goods to the Delivery Address;
- c) In respect of Claims for non-delivery, within fourteen (14) business days after the expected date of delivery for that item/consignment note.

#### B. Exclusions

- h) Where the Goods consigned are Excluded Goods, where "Excluded Goods" means each of the following items:-

i. currency; negotiable instruments; jewelry; gemstones; wrought or unwrought metals; antiques; works of art; securities; drugs; weapons; living animals or plants; refrigerated goods; used/second hand goods, cigarettes, tobacco and tobacco products; valuable documents; glass or glass related products.

2. In order to lodge the claim, you will need the following documents:

- Cost Price Invoice / Proof of Manufactured Cost
- Photos of Damage - (Required for Damage Claims)
- Proof of Delivery (POD) - (Required for Damage Claims)
- Sales Invoice

3. For assistance, please refer to the user guide in completing the claim form (found in the online form).

Have you lodged before? ☐ Yes ☒ No

Do you wish to continue with a saved claim? ☐ Yes ☒ No

If you require assistance completing the claim form, please refer our [user guide](#)

 [Next](#)

4. Fill-out the required fields in the online claim form (<https://my.freightsafe.com/aus/claimform/#/ina>)

5. Contact Information: Your company (InXpress account) details

**Contact Information**

Company Name

Contact Name

Customer Number

Email Address

Phone Number

Claimant Role

**Note:** Customer number is the 8-digit number located on the upper right corner of Webship, usually starts with 158.

Login as 15800001  
InXpress Collins Street

[LOGIN](#)

6. Consignment Information: Shipment tracking details

**Note:**

**Claim Type:** Lost or Damaged

**Date of Dispatch:** Pickup/Collection date

**Date of Receipt:** Delivery date

**Date of Initial Contact with InXpress:** Date when InXpress was notified of the issue

## Consignment Information

|                                                                       |                                                                                                                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Consignment Number                                                    | <input type="text" value="L6BZ50018345"/>                                                                                   |
| Claim Type                                                            | <input type="text" value="Damaged"/>                                                                                        |
| Date of Dispatch                                                      | <input type="text" value="10/08/2022"/>  |
| Date of Receipt                                                       | <input type="text" value="15/08/2022"/>  |
| Is Salvage Required?                                                  | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                               |
| Date of Initial Contact with InXpress<br>regarding lost/damaged goods | <input type="text" value="16/08/2022"/>  |

## 7. Sender Details: Pickup/Collection address details

### Sender Details

|                 |                                                                     |
|-----------------|---------------------------------------------------------------------|
| Name            | <input type="text" value="Sample"/>                                 |
| Pickup Address  | <input type="text" value="2 Melbourne Rd, Williamstown VIC 3016,"/> |
| Pickup Street   | <input type="text" value="2 Melbourne Rd,"/>                        |
| Pickup City     | <input type="text" value="Williamstown"/>                           |
| Pickup State    | <input type="text" value="VIC"/>                                    |
| Pickup Postcode | <input type="text" value="3016"/>                                   |

## 8. Receiver Details: Delivery address details

### Receiver Details

|                   |                                                                       |
|-------------------|-----------------------------------------------------------------------|
| Name              | <input type="text" value="Sample 2"/>                                 |
| Delivery Address  | <input type="text" value="3 Alfred Ln, Rozelle NSW 2039, Australia"/> |
| Delivery Street   | <input type="text" value="3 Alfred Ln,"/>                             |
| Delivery City     | <input type="text" value="Rozelle"/>                                  |
| Delivery State    | <input type="text" value="NSW"/>                                      |
| Delivery Postcode | <input type="text" value="2039"/>                                     |

## 9. Franchisee Details: InXpress Collins St details

**Note:**

**Franchisee Code:** 158

**Franchisee Name:** Eugene Rusel

**Email address:** [cs-collins@inxpress.com](mailto:cs-collins@inxpress.com)

**Phone number:** Naori - 0370654117 / Melvin - 0370654116

### Franchisee Details

|                 |                                                      |
|-----------------|------------------------------------------------------|
| Franchisee Code | <input type="text" value="158"/>                     |
| Franchisee Name | <input type="text" value="Eugene Rusel"/>            |
| Email Address   | <input type="text" value="cs-collins@inxpress.com"/> |
| Phone Number    | <input type="text" value="0370654116"/>              |

## 10. Claim Information: Details of damaged or lost shipment

**Note:**

**Description of Goods:** detailed (e.g. acrylic decorations)

**Nature of Loss or Damage:** extent of damage

**Current location:** where the item is (if it was delivered, the delivery address)

**Claim Information**

Description of Goods

Polo shirts

Nature of Loss or Damage

Damaged in transit / shirts were torn

Are Goods Repairable?

☐ Yes ☒ No

Current Location of Damaged Goods

Rozelle, NSW

Value of Claim at Cost *(excluding GST)*

\$

100

## 11. Upload Supporting Documentation: please see below documents that needs to be uploaded

**Note: For faster processing of claims request, please make sure all documents required are complete**

**Upload Supporting Documentation**

The following document(s) are required to process your claim.

- Cost Price Invoice | Proof of Manufactured Cost
- Proof of Delivery
- Sales Invoice
- Photos of Damage

27.00MB free of 27MB

Cost Price Invoice | Proof of Manufactured Cost

Upload

12. Claim Summary & Confirmation: check for any missing/incorrect information before submitting

***Note: After successfully submitting the form, you will receive an email from the claims assessor to acknowledge receipt of claim.***

**Claim Summary & Confirmation**

|                          |                                                                                                                    |
|--------------------------|--------------------------------------------------------------------------------------------------------------------|
| Contact Information      |                                 |
| Consignment Information  |                                 |
| Sender Details           |                                 |
| Receiver Details         |                                 |
| Franchisee Details       |                                 |
| Claim Information        |                                 |
| Supporting Documentation | <div>Click to fix errors </div> |
| Declaration              |                                 |



Save As Draft

Previous

Reset

Submit

**\*\*\*At any stage, please contact our customer service team if you encounter any issues or need assistance.**