

Claim Form

DATE:

CLAIM REFERENCE:
(FOR PARCELHERO USE ONLY)

1. CUSTOMER NAME & ADDRESS

POSTCODE

CONTACT

YOUR REF

BOOKING NO	<input type="text"/>
DATE	<input type="text"/>
TELEPHONE NO:	<input type="text"/>
TRACKING NUMBER	<input type="text"/>

2. CONSIGNMENT / PARCEL NUMBER:

1)	<input type="text"/>
2)	<input type="text"/>
3)	<input type="text"/>
4)	<input type="text"/>

DELIVERY / CONSIGNEE ADDRESS:

POST / ZIP CODE

COUNTRY:

DATE OF DESPATCH:

CONSIGNMENT WEIGHT

COLLECTION ADDRESS IF DIFFERENT FROM BOX 1 ADDRESS

3. TYPE OF CLAIM: (Please tick as appropriate)

LOSS: ☐ PART LOSS: ☐ DAMAGE: ☐ COVERED: ☐

4. DETAILS OF CLAIM:

(Please provide a full description of goods, quoting any part/catalogue No. and include wherever possible a sample/picture of relevant item.)

DESCRIPTION OF GOODS:

Item Description	Item Description	Part / Serial Number	Quantity	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VALUE OF GOODS: £

(COST PRICE EXCLUDING VAT)

Value of claim: £

5. YOUR BANK DETAILS

Account Holder Name

Sort Code Account Number

The information provided above is accurate to the best of my knowledge

Signed

Position (if appropriate)

Date

IMPORTANT NOTE:- CLAIMS FORMS MUST BE RETURNED WITHIN 7 CALENDER DAYS, DO NOT DELAY IN SUBMITTING YOUR CLAIM AS IT MAY INVALIDATE YOUR CLAIM. PLEASE ALWAYS QUOTE THE PARCEL TRACKING NUMBER.