

## Claim Form

DATE:

CLAIM REFERENCE:  
 (FOR PARCELHERO USE ONLY)

### 1. CUSTOMER NAME & ADDRESS

POSTCODE   
 CONTACT

### YOUR REF

BOOKING NO   
 DATE   
 TELEPHONE NO:   
 TRACKING NUMBER

### 2. CONSIGNMENT / PARCEL NUMBER:

1)   
 2)   
 3)   
 4)

### DELIVERY / CONSIGNEE ADDRESS:

POST / ZIP CODE   
 COUNTRY:   
 CONSIGNMENT WEIGHT

DATE OF DESPATCH:

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.**