

Claim Form

Date:

CLAIM REFERENCE
(FOR PARCELCOMPARE ONLY)

1. CUSTOMER NAME & ADDRESS:

YOUR REF

2. CONSIGNMENT / PARCEL NUMBER:

1)
2)
3)
4)

DELIVERY / CONSIGNEE 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	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"/>

VALUE OF GOODS £

VALUE OF CLAIM £

5. YOUR BANK DETAILS

Account Name

Sort Code

Account Number

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

Signed _____ Position(if appropriate) _____

Date _____