

Claim Form

Date:

CLAIM REFERENCE
(FOR PARCELCOMPARE ONLY)

1. CUSTOMER NAME & ADDRESS:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

YOUR REF

<input type="text"/>
<input type="text"/>
<input type="text"/>
<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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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 _____