

**CLAIM FORM**

**DATE:** \_\_\_\_\_ **CLAIM REFERENCE: (Office use)** \_\_\_\_\_

**1. COMPANY NAME & ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 POSTCODE \_\_\_\_\_  
 CONTACT \_\_\_\_\_

YOUR REF \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TELEPHONE NO: \_\_\_\_\_  
 CONTRACT NO: \_\_\_\_\_  
 ACCOUNT NO: \_\_\_\_\_

**2. CONSIGNMENT / PARCEL NUMBER:**

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_

**DELIVERY / CONSIGNEE ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 POST CODE \_\_\_\_\_

DATE OF DESPATCH: \_\_\_\_\_ WEIGHT OF CONSIGNMENT \_\_\_\_\_ KGS  
 COLLECTION ADDRESS IF DIFFERENT FROM BOX 1 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 POST CODE \_\_\_\_\_

**3. TYPE OF CLAIM:**

Loss  Part Loss  Damage  Other (Please specify) \_\_\_\_\_  
 (Please tick as appropriate)

**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.)

MAKE/BRAND NAME: \_\_\_\_\_  
 DESCRIPTION OF GOODS: \_\_\_\_\_  
 \_\_\_\_\_

PART NO/S \_\_\_\_\_ QUANTITY \_\_\_\_\_  
 VALUE OF GOODS: £ \_\_\_\_\_ VALUE OF CLAIM: £ \_\_\_\_\_  
 (LESS VAT AND PROFIT)

**FOR ALL CLAIMS PLEASE PROVIDE PROOF OF VALUE (ORIGINAL INVOICE) AND COPY OF COLLECTION MANIFEST. FOR DAMAGE CLAIMS PLEASE PROVIDE PHOTOGRAPHIC EVIDENCE (if available) AND A BRIEF DESCRIPTION OF DAMAGE**

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

Signed \_\_\_\_\_ Position (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM WITHIN TWENTY ONE DAYS FROM DATE OF DESPATCH FOR LOSS AND FOURTEEN DAYS FOR DAMAGE, PARTLOSS AND PART CONSIGNMENT TO:**

CUSTOMER CLAIMS Or email this form to: sales@smartcourier.co.uk  
 Parcel 3 Ltd T/A Smart Courier  
 Unit 5 Bluebird House, Povey Cross Rd  
 Horley, Surrey, RH6 0AF

**CLAIMS NOTIFIED OUTSIDE OF THESE DEADLINES WILL NOT BE ENTERTAINED**