



MAIL BOXES ETC.®

MBE CoverProtect

Please complete in full and write clearly in block capitals
All claims must be received within 14 days of delivery or in the event of the shipment being lost, within 14 days of the expected delivery date

Store Name	
Store Contact	
Store Email	

Date	
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Claim Type	Loss/Damage (Delete as appropriate)
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Carrier	
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SENDER DETAILS

RECIPIENT DETAILS

Customer Name	
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Recipient Name	
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Company Name	
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Company Name	
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Address:	
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Address:	
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Post Town	
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Post Town	
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Post Code	
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Post Code	
-----------	--

Country	
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Country	
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Contact Phone	
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Contact Phone	
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Contact Email	
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Contact Email	
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Tracking Number	
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Number of Boxes	
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Total Declared Value	£
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Date Shipped	
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No. of boxes signed for	
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Signed damaged	*Delete as required Yes/No
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Goods packed by customer or Mail Boxes Etc.	
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*Delete as required Centre/Customer	
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Notes:	
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Description of Contents

Value
£
£
£
£
£
£
£
£
£
£
£

Describe damage that has occurred to the item

Total Amount Claimed
£
£
£
£
£
£
£
£
£
£
£

If Repairable, Total Cost of Repair	£
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£

If Not, Replacement (not retail) Cost	£
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£

Instructions

1. Please return your claim form with a copy of your Parcel Shipping Order form and customer receipt along with cost invoices (in the event of loss or damage) to the Mail Boxes Etc. store where you despatched your items within 14 days of delivery or the expected date of delivery.
2. Retain all packaging for inspection. Photograph any damaged items (and packaging) and email to the store. For loss or damage evidence of value must be included for your claim to be processed.
3. Your claim form must be signed and dated or we will be unable to process your claim.

Declaration

I/We confirm that the above statements are true and I/We the claimants are legally entitled to payment of any claim for the lost or damaged in accordance with the terms and conditions of the CoverProtect service.

Name (please print)	
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Telephone Number	
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Signature	
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Date:	
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