



Please complete in full and write clearly in block capitals

All claims must be received within 14 days of despatch

Centre Name	
Centre Contact	
Centre Fax No.	

Date	
------	--

Claim Type	Loss/Damage (Delete as appropriate)
------------	-------------------------------------

SENDER DETAILS		RECIPIENT DETAILS	
----------------	--	-------------------	--

Customer Name		Recipient Name	
---------------	--	----------------	--

Company Name		Company Name	
--------------	--	--------------	--

Address:		Address:	
----------	--	----------	--

Post Town		Post Town	
-----------	--	-----------	--

Post Code		Post Code	
-----------	--	-----------	--

Country		Country	
---------	--	---------	--

Contact Phone		Contact Phone	
---------------	--	---------------	--

Contact Email		Contact Email	
---------------	--	---------------	--

Tracking Number		Parcel Shipping Order No.		Total Declared Value	£
-----------------	--	---------------------------	--	----------------------	---

Date Shipped		Number of Boxes		Weight in Kilos	
--------------	--	-----------------	--	-----------------	--

Signed for By		No. of boxes signed for		Signed damaged	Yes / No
---------------	--	-------------------------	--	----------------	----------

Packaging to be retained for inspection?	Yes / No	Goods packed by customer or by Mail Boxes Etc.	Centre/Customer
--	----------	--	-----------------

Description of Contents	Value	Description of Loss or Damage	Total Amount Claimed
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£
	£		£

If Repairable, Total Cost of Repair	£	If Not, Replacement (not retail) Cost	£
-------------------------------------	---	---------------------------------------	---

Recipient will take photographs as evidence of the damage

a. Of damaged to the consignee's goods	Agreed / Not Agreed	Will forward by	email / post
b. Of damage to the external packaging	Agreed / Not Agreed	Date received	
c. Of damage to the internal packaging	Agreed / Not Agreed		

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 from date of expected delivery. For loss or damage evidence of value must be included for your claim to be processed. 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, damaged or delayed items in accordance with the terms and conditions of the Enhanced Cover service.

Name (please print)	Telephone Number
---------------------	------------------

Signature	Date:
-----------	-------