

CLAIM FORM

Complete this CLAIM FORM as your cover page and submit it along with your claim documentation. If you need assistance with completing this claim form, feel free to contact us at the email address or phone number provided above. If package is received damaged or with contents missing, please attach 3 photos of 1) the package 2) the internal packaging materials and 3) the merchandise (if available).

Claim Information

Shipper
Name

Shipper Number

Pick-Up Date

Account you want payment sent to:

IBAN

BIC / SWIFT

Package Status (check all that apply) Lost

Damage

Missing Contents

Transportation Carrier

Tracking Number / Bill of Lading Number

Merchandise Description and Quantity

Merchandise Condition (New or Used)

Declared Value

Weight

Total Sales Invoice Amount

Claimed Sales Invoice Amount

Claimed Shipping Amount

Total Amount of Claim

Current Location of Package

Shipper

Destination

Unknown

Claimant's Contact Name

Phone

Contact E-Mail Address

Comments/Detailed Packaging Description

Destination Contact, Address, Email Address and Phone Number

The information provided is correct to the best of my knowledge.

Signature and Company Stamp (if required)

Date

Required Supporting Documents: Commercial Invoice of Sale

NOTE: No claims for loss or damage shall be valid unless the package, inner cartons, packing and contents have been preserved and made available for inspection by Parcel Pro

Insurance coverage is provided under a policy issued by an authorized insurance company to Parcel Pro, Inc. Terms, restrictions and conditions apply. Please speak to a sales representative for more details.

All personal data collected hereunder shall be processed in accordance with the UPS Capital Privacy Notice available at <https://upscapital.com/hk-en/>.