

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) <input type="checkbox"/> Lost	<input type="checkbox"/> Damage	<input type="checkbox"/> 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 <input type="checkbox"/> Shipper	<input type="checkbox"/> Destination	<input type="checkbox"/> 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/jp-en/>.