



## CLAIM APPLICATION FORM

Parcel Connect Claim No: \_\_\_\_\_  
*Office use only*

Delivery Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IMPORTANT NOTICE

Please complete this form fully and send it to the email address provided on your confirmation email, together with the relevant documents within 24 hours of receiving your parcel, if damaged and within 3 days if lost.

**(Failure to submit within these timelines will result in your claim being automatically DECLINED)**

I wish to claim compensation for the following goods which were Lost / Damaged / Other (tick one) while under the care of a Parcel Connect carrier.

Date received at delivery address

/   /

Date Parcel Connect were first notified

/   /

### DETAILS OUTLINED BELOW

Label number(s) as per your confirmation email

\_\_\_\_\_  
\_\_\_\_\_

Description of the Goods (Detailed Breakdown of goods)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### THEY WERE SENT BY

Senders Name \_\_\_\_\_

Please state fully the cause/circumstances

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### THEY WERE FROM

Pick Up Address \_\_\_\_\_

Amount claimed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pick Up Date   /   /

### PLEASE NOTE

All Parcel Connect carrier's liability ends with the obtainment of a signature upon delivery of the goods or if address is unattended, delivery to a Safe Delivery Location as defined in 5.3 of our *Terms and Conditions of Use*, which are available on [www.parcelconnect.ie](http://www.parcelconnect.ie).

### THEY WERE SENT TO

Delivery Name \_\_\_\_\_

Also under the terms of the *Contract of Carriage*, carrier's liability is one of indemnity to a maximum value of **€50/£30** per consignment of goods as defined in the *Contract of Carriage*.



## CLAIM APPLICATION FORM *Cont.*

Parcel Connect Claim No: \_\_\_\_\_  
*Office use only*

### IMPORTANT NOTICE

YOUR CLAIM MAY BE AUTOMATICALLY DECLINED UNLESS ALL OF THE FOLLOWING DOCUMENTS ARE SUPPLIED.

#### FOR DAMAGE CLAIMS

1. Parcel Connect insurance claim form received within 24 hours of delivery
2. Photo(s) of the damage, with goods still in the parcel
3. Copy of invoice to show the cost value of the goods

#### FOR LOSS

1. Parcel Connect insurance claim form received within 3 working days of expected delivery. (Expected delivery: next working day after it was picked up)
2. Copy of invoice to show the cost value of the goods

In the case of lost goods a declaration form may also be required to be completed by the sender, in which case the form will be sent to the consignee by our Claims Assessor.

### IMPORTANT

You should not dispose of damaged property, as same may be required for inspection. **Please retain a copy of this form for your records.**

Any other details relevant to your claim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Property Claimed for, covered by any other Policy?

Yes  No

Please provide full details of Policy below:

\_\_\_\_\_

\_\_\_\_\_

### DECLARATION TO BE COMPLETED BY THE CLAIMANT

I/We declare that the foregoing statements and particulars as so provided are true and correct in every detail. I/We declare that I have in no manner caused the said loss or damage or by any fraud or wilful misrepresentation sought unjustly to benefit from this claim.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date   /   /

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### PLEASE NOTE

All questions on this form must be clearly and fully answered otherwise the investigation and processing of this claim may be delayed until the required information is supplied.

When completed please forward this form to the email address provided on your confirmation email, so they can forward it to our claims assessor.

**Please retain a copy of this form for your records.**