

CLAIM FORM

Completed by Customer	Date		
	Company Name/ Name, surname		
	Company Registration Number		
	Office and legal address		
	Bank Details		
	Parcel Number		
	Claim Description		
	Receiver Name and Address		
	Attached Documents		
	Requested compensation amount in accordance with attached invoices (in EUR)		
Compensation Amount in words			
<p>Please compensate following amount.</p> <p>I confirm that the above mentioned parcel /s was not insured from our side</p>			
		Signature	

Completed by CARGOBUS	Claim Registration Date in Cargobus			
	Claim Investigation Results and Conclusions			
	Granted Compensation Amount (in EUR)			
			Compensation Amount in Words	
Payment (for)				

