

## CLAIM FORM

|  |  |                  |  |
|--|--|------------------|--|
| Fill by the client   | <b>Date</b>  |                  |  |
|  | <b>Company / First name, last name</b>   |                  |  |
|  | <b>E-mail address, phone</b>   |                  |  |
|  | <b>Recipient's name and address</b>  |                  |  |
|  | <b>Parcel number</b>   |                  |  |
|  | <b>Parcel content and package description</b>                                  |                  |  |
|  | <b>Case description</b>  |                  |  |
|  | <b>Bank account number</b>   |                  |  |
|  | <b>Attachments</b>   |                  |  |
|  | <b>Required compensation amount according to the attached invoice(s) (EUR)</b> |                  |  |
| <b>Please compensate the following amount</b><br><br><b>By filing a claim, I confirm that the parcel above was not insured by us</b> |  |                  |  |
|  |  | <b>Signature</b> |  |

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|                  |   |  |  |
|------------------|---|--|--|
| Fill by Cargobus | <b>Case fixed by Cargobus</b>                   |  |  |
|                  | <b>Case investigation result and conclusion</b> |  |  |
|                  | <b>Compensation amount (EUR)</b>                |  |  |
|                  | <b>Payment (to whom)</b>                        |  |  |

