



CLAIM FOR LOST OR DAMAGED PARCEL

SHIPPER _____	
Account number	_____
Contact	_____
Phone number	_____
Email	_____
RECEIVER _____	
Contact	_____
Phone number	_____
Email	_____
DETAILS _____	
Amount claimed _____ [CAD\$]	Waybill number _____
Shipment date _____	Date received _____
<input type="checkbox"/> Completely damaged	<input type="checkbox"/> Completely lost
<input type="checkbox"/> Partially damaged	<input type="checkbox"/> Partially lost
Documents attached to this claim	
<input type="checkbox"/> Merchandise invoice	<input type="checkbox"/> Photo
<input type="checkbox"/> Repair invoice	<input type="checkbox"/> Waybill copy
Comments _____	

Signature : _____ Date _____

Please return this filled form with relevant documents by email at ar@planetecourrier.com. An agent will contact you.