



Name:
Job Reference number:
Parcel number:
Date of Despatch:
Weight of Consignment:
Type of Claim: (please tick as appropriate) <input type="checkbox"/> Loss <input type="checkbox"/> Part Loss <input type="checkbox"/> Damage <input type="checkbox"/> Other
Notes:
Value of claim:
<p>IMPORTANT:</p> <p>Please submit the form with the following documentation:</p> <ul style="list-style-type: none"> • The Manifest or Airway Bill. The documentation left at collection point. • Proof of value e.g. a receipt, invoice or purchase order. The proof of value should indicate the content cost value i.e. minus vat and profit, not the sale value. • Receivers Confirmation. Any claims for loss will require written confirmation from the receiving party that they have not received the item. If this is not submitted with the claim; the claim will be refused. <p>Please send to: Stormus Ltd Claims Department 7 Llys Gwydyr Denbigh LL16 3ET</p> <p>Only when all the documentation is received will we be able to submit your claim.</p> <p>All claims are subject to the following submission (not notification) deadlines:</p> <ul style="list-style-type: none"> • Damage – 14 days from the date of despatch. • Loss – 28 days from the date of despatch. • <p>(Any claim received after these deadlines cannot be accepted.)</p> <p>Please note that in the event of a damage claim the item constituting the claim should be retained as it may be required for inspection or salvage.</p>