



DAP INTERNATIONAL COURIER

No.150, Ground Floor, Shankarnagar Main Road, Mahalakshmi Layout, Bangalore - 96

CLAIM FORM

Outlet: _____

Shipper's Details

Name _____
Address _____
Ph. No. _____ Email Id _____

Receiver's Details

Name _____
Address _____
Ph. No. _____ Email Id _____

Shipment Details

Invoice No _____ Date of Shipping _____
Service _____ Destination _____
Content _____

Type of Claim

Mark (✓) on appropriate check box

Lost of Parcel Partial Damage Item Missing

Other's(Please Specify.) _____

Claim Details

Breif about Claim:

Value of Goods: INR. _____

Shipping Cost: INR. _____

Total Amount of Claim:

INR.

Amount In Words: INR.

Note: 1.Values should mention as per Type of Claim you selcted. E.g., if Item Missing only mention the value of Goods of missing item. 2.Value of Goods as per DAP Invoice declared by Shipper.3. Final Claim amount subject to vefication of documents & approval of Management. 4.Shipping cost mention only when Package lost, Partial damage and Item Missing shipping cost will not be refunded.5. Please attach DAP Invoice& KYC

Date: _____

Signature of the
Submitter:

Place: _____

Shipper Receiver

For Office Use Only

Approved Claim:
Amount In INR

Date: _____

INV. No: _____

Amt in Words:INR

Remarks: _____

Signature of Finance Head