

DPD 索赔表填写指南 V1

ParcelDeal 派迪物流, 22/Aug/2014

- 表格请用英文填写。
- 日期请用英国习惯, 即 DD/MM/YYYY。中间的月份也可以用英文缩写。

Our Reference : _____

Consignment Number : 3611 39 _____ Date of Despatch : _____

No. Of Parcels Despatched : 1 No. Parcels Lost : _____
No. Of Parcels with Partial loss : _____

1) Name : THE ANNY SHOP LTD Account Number : 33 _____

Address : _____

Telephone Number : 01992878781 Fax Number : 0199 _____

Contact Name : SIR/MADAM Telephone Number : _____

1 a) If consignor (sender) is different from information given in (1) state:

Name : _____

Address : _____

发件日期:
比如: 13/MAR/2014

包裹丢失的数量:
比如: 1

发件人的姓名和地址:
比如:
Alice Wang
35 High Street, Leeds, LE12 6HE

联系人姓名, 电话:
给 BPOST 的不用填

2) Consignee's (Receiver) Company Name : Parkway Trading Estate Cranford, Lane, GB

Consignee's Address : TW5 9QA, , , , ,

Contact Name : _____ Telephone Number : _____

3) Details of Claim
Full Description of goods lost with model or s
Cost Value of all items must be recorded.

不含 VAT 总价值：
婴儿奶粉的 VAT 为 0%
比如： 59.94GBP

Description of item(s)

Cost Value Ex. VAT : _____

物品描述：需填写每种产品详细价格。

比如：

Cow & Gate Baby Milk Stage 1 900g x 6, 9.9GBP x 6 = 59.94GBP

Copies of your purchase invoice

I/We declare the foregoing part
immediately any of the items reported missing are subsequently delivered or returned.

Signed : _____ Position : _____ Date : _____

All claims are subject to DPD's terms and conditions of trading including the time limits stated therein.

Signed:
客户签名
请用英文

Position: 职位,
不用填

Date: 签字日期
用英国格式日期
比如: 25/Dec/2013