

SmartPosti SIA Dzirnieku Str. 24, Marupe, Marupe county, LV-2167 Latvia PVN Nr LV40003567822 Reg. Nr 40003567822

e-mail: claims.lv@smartposti.com

Claim compensation request form 942803280083

Filling date of claim / Claim number		
Applicant name, surname/ Company name		
Company registration number		
Company legal and office address		
Customer 's bank details		
Consignee (shipment receiver) name, delivery address		
Shipment number		
Shipment shipping date		
Claim type (mark the appropriate)	Fully damaged shipment Fully lost shipment Late delivery Damaged part of shipment Lost part of shipment Other problem	
Total weight of shipment kg		
Weight of damaged / lost content kg		
Damaged / lost item name, type, number of units		
Total value of shipment content,		
Lost /damaged content value, EUR		
Documents certifying the value and substantiation of claim(mark the appropriate)	☐ CMR document ☐ Manifest ☐ Estimated cost of repair from certified company	
Notes		
Calculation of claim amount in EUR (Mark the appropriate)	Uvalue of lost / damaged itemsEUR Upelivery costsEUR	
Total claim amount, EUR		
		Amount of claim in words
	CLAIMANT (Applicant)	
Please refund the above amount bymaking a transfer to the account		Т(Аррисанц)
	Name, Surname	
	Job title	
	Signature	

Filled in by SmartPosti SIA

Filled in by the customer

Claim registration date at SmartPosti Date Claim number Date send to following Customer e-mail address Answer with claim decision has been provided Results and findings of the claim Investigation Discount for shipping costs using transport service bill, EUR Accepted amount of claim compensation, EUR Amount of compensation in words Payment made (for) SmartPosti SIA / responsible employee role and signature