

Lost Package Compensation Request

Recipient Name: _____

Recipient Address: _____

Contact Number: _____

Email: _____

Tracking Number: _____

Date of Shipment: _____

Courier/Delivery Service: _____

Package Description

Description of Contents: _____

Package Value: _____
Insured Amount (if applicable): _____

Details of Lost Package

Date Package Was Expected: _____
Last Known Status/Location: _____
Brief Description of Issue:

Actions Already Taken

(e.g., contacted courier, filed initial report, etc.)

Requested Compensation

Amount Claimed: _____
Other requests (if any):

Date: _____
Signature: _____

Important Notes:

- Attach all relevant documents, such as proof of value, shipment receipts, and correspondence with the courier.
- This form should be submitted in accordance with the courier's official compensation procedure.
- Allow the stated processing time for the investigation and compensation decision.
- Providing false information may result in your claim being denied.
- Keep copies of all submitted documents for your records.