

编号No

THUNDER EXPRESS 索赔申请表
THDEX LOSS / DAMAGE CLAIM FORM

为避免处理延误，请正确填写并署名
In order to avoid delay, please fill in correctly and sign

理赔货件单号 Claimant's Reference Number:		客户编号 Account :	
寄件人名Shipper'sName	寄件公司名址Company Name/Address/Zip Code	联系电话/Tel	
收件人名Receiver'sName	收件公司名址Company Name/Address/Zip Code	联系电话/Tel	

托运时货件是否保价 Whether the shippemnt is insured:
是Yes 保价金额Insured value _____ 否No

请选择理赔类型Indicate Claim Type:

- 货件遗失Loss: (请附加相关文件Attach related documents)
A. THDEX货件运单影印件Copy of the THDEX airway bill
B. 能显示货件有效价值的商业发票 Sales invoice for shipment to validate amount

- 货件破损Damage: (请附加相关文件Attach related documents)
A. THDEX货件运单影印件Copy of the THDEX airway bill
B. 能显示货件有效价值的商业发票Sales invoice for shipment to validate amount claimed
C. 可修复的请提供修复说明和修理发票 Repair invoice or Salvage report ,if applicable.
D. 不可修复的请提供专业技术人员确认的相关证明
If not repairable,a statement for a repair technician confirming the nonreparable condition
E. 必须检查外包装是否破损 Were outer container damaged?

是 Yes 否 No 破损程度Extent of Damage: _____

失损货件的名称 Description of lost or damaged items	托运货件的总重量 Tatal weight of original shipment	托运货件的总件数 Total No. of pieces in original shipment	失损货件的件数 No. of pieces lost or damaged	要求赔偿金额 Claim amount
总数Totals				

请确认以上填写无误并仔细阅读后签字
Please read the claim form carefully, then sign your name after confirming there is no filling error.

申请人签字:
Claimant's Signature:

申请日期:
Date: