	-	_	 	_		 _	 	_				_	_
Bank Account:	TOTAL						CARTON NO.	CURRENCY CL				ADDRESS:	NAME:
							ITEMS Lost/Damaged	CURRENCY CLAIMED IN: EURO					
							INSURED VALUE						
							DESCRIPTION OF LOSS OR DAMAGE						
							REPAIR COST		E-MAIL ADDRESS	(HOME):	TEL (PORTABLE):	DELIVERY DATE:	CERTIFICATE NO.:
							PURCHASE PRICE DATE WITH RECEIPT OR NO		**		••		:.
							AMOUNT CLAIMED						
	,						NOTE						

INSURANCE CLAIM FORM

■返金先の銀行口座詳細(RIB)が必要です。フランス以外の口座への返金の場合はお問い合わせください。

Signature:

Date: