

Retail Goods Damage Reimbursement Claims Form

Claimant Information

Full Name

Email Address

Phone Number

Address

Retailer & Purchase Details

Store Name

Purchase Date

Receipt/Order Number

Damaged Goods Information

Product Name / SKU

Quantity Damaged

Unit Price

Description of Damage

Suspected Cause of Damage (optional)

Supporting Documents

Attach Invoice/Receipt No file selected

Attach Photo(s) of Damage No file selected

Declaration

I declare that the information provided above is true and correct.

Date

Signature