

# 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

Choose File

No file selected

Attach Photo(s) of Damage

Choose File

No file selected

## Declaration

☐

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

Date

Signature