



**PEGASUS EXPRESS**  
INVERNESS ABERDEEN DUNDEE GLASGOW PRESTON

**CLAIM FORM**

Your Reference:		Our Reference:	
Sender Full Name and Address Name:		Consignee Full Name and Address (on label) Name:	
Address		Address	
Contact:		Contact:	
Phone No:		Phone No:	
Did packages show senders name & address as above? YES / NO			
If "NO" state what did appear			
State other names and trade names that you use			
State Service used: 10 A.M / A.M / Next Day / Economy / Saturday / Collection			
Nature of claim; NON - DELIVERY / SHORT / DAMAGE / PILFERAGE			
Consignment Note No:		Date of Despatch:	
Total No of packages despatched:		Total weight of consignment in kilo's:	
Consignee Order Number:		Invoice Number:	
Full description and extent of missing / damaged goods ( quantity, colour, size etc):			
How were the goods packed			
Number of Packages Involved in Claim:			
Cost Value of goods MISSING / DAMAGED (excluding V.A.T)		Amount you are claiming (excluding V.A.T)	Cost of Whole Consignment (excluding V.A.T)
please supply copy invoice £		£	£
Salvage Value not including Profit (excluding V.A.T) £		Declared Insurance Value, Excluding Profit £	
Where may we inspect this consignment now ?			
Signed on behalf of sender		Position	Date

**PLEASE NOTE CLAIMS MUST BE SUBMITTED IN 7 DAYS AND QUANTIFIED IN 14 DAYS.**  
**CLAIMS OUTWITH THE TIME SPECIFIED WILL BE REJECTED**  
**ALL GOODS ARE CARRIED AS PER OUR CONDITIONS OF CARRIAGE, WITH LIABILITY AT £ 5.00 PER KILO.**  
**ALL CLAIMS ARE SUBJECT TO £100.00 EXCESS.**

**COMPLETED CLAIMS FORM PLUS SUPPORTING DOCUMENTATION SHOULD BE FORWARDED TO:**

**CLAIMS DEPARTMENT  
PEGASUS EXPRESS LIMITED  
SOUTERHEAD ROAD  
ALTENS INDUSTRIAL ESTATE  
ABERDEEN  
AB12 3LF**

**TEL: 01224 890999**

**EMAIL: [claims@pegasusexp.co.uk](mailto:claims@pegasusexp.co.uk)**



**Members of the** RHA Road Haulage Association