

# COMPLAINT FORM

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## DATA:

Full name of complainer::	Name and surname of the contact person on the complainant's side:
Complainer address:	E-mail address:
NIP: _____ REGON: _____	Position:
	Phone number: _____ Fax number:: _____

## IDENTIFICATION DATA OF THE COMPLAINTED SHIPMENT:

Order number:	Transport document type and number:
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## CLAIMED AMOUNT (NET):

Value and currency:
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## TYPE OF SERVICE:

- Domestic Road Transport  
 International Road Transport  
 Sea Freight  
 Air Freight  
 Other:

## COMPLAINT TITLE:

- Shipment damage  
 Delay delivery  
 Complete lack of shipment  
 Partial lack of shipment  
 Other:

## INSURANCE:

Gross weight of damaged or missing goods for international services:

## DESCRIPTION OF COMPLAINTS / DAMAGES:

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## DOCUMENTS REQUIRED FOR COMPLAINTS:

- Original shipping document (Proof of Shipment, National Bill of Lading, CMR)  
 Documents proving the amount of the claim (copy of the commercial invoice)  
 Damage report signed by the recipient and the driver (original)  
 Other documentation confirming the occurrence and scope of the damage, including photos with the date and time of their execution

**LACK OF THE ABOVE DOCUMENTS WILL RESULT IN NOT RESOLVING THE COMPLAINTS!**

## WHEN A COMPLAINT IS ACCEPTED, TRANSFER TO THE ACCOUNT:

Bank name:	Bank account number:
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## APPLICATION DATE:

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## SIGNATURE OF THE COMPLAINER:

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## STAMP OF THE COMPLAINER:

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## ATTENTION:

\* filling up a damage report signed by the driver and the customer is the basis for considering the complaint, but it does not mean that a complaint is accepted

**LENMAR Sp. z o.o. Sp. K.**

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