# SC PROTECT CLAIMS AND DECLARATION FORM

Claimant's Full Name:

Claimant's ShippingCart User ID:

Certificate of Cover No.:

Tracking Number:

Date of Incident:

1. **Type of Incident:** 
   * Damaged item/s  Return To Sender
   * Lost item/s  Late Delivery

1. **Detailed Description of Incident:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List of Damaged/Lost Items:**
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Quantity: \_\_\_\_\_
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Quantity: \_\_\_\_\_
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Quantity: \_\_\_\_\_

1. **Supporting Evidence Attached:**

**General Requirements (applicable to all type of incident)-**

* + Identification Documents t (e.g., driver's license, passport, national ID)

**For Damaged Item/s -**

* + Photographs of Damaged Goods
  + Actual Invoice of the damaged item/s
  + Additional documents provided by ShippingCart (please see attached)

**For Lost item/s:**

* + ShippingCart Certification of the lost/misplaced item/s with detail description of incident
  + Additional documents provided by ShippingCart

**Late Delivery**

* + ShippingCart Certification on the grossly delayed orders, with details and information on the cause or probable cause of the delay Amount of Claim: \_\_\_\_\_\_\_\_\_\_\_\_

**Return-to-Sender**

* + Photographs of the Wrong Item/s
  + Actual Invoice of the damaged item/s
  + Shipping fee invoice and waybill (outbound shipping)

Amount of Claim: \_\_\_\_\_\_\_\_\_\_\_\_

1. **Payout Information:** Details of where any insurance payouts should be sent.
   1. Complete Beneficiary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Complete Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Account Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Gcash Number (allowed for transactions of P5k and below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. Your active contact number/s and email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Comments or Additional Information:**

*(Any other relevant details the customer feels would help in the claims process.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that:

* 1. The information provided in connection with this insurance claim, including any attachments or supplemental documents, is true, accurate, and complete to the best of my knowledge.
  2. The attached proof of purchase, photographs, and any other supporting documentation are genuine and have not been altered in any way.
  3. I understand that providing false information, or attempting to defraud the insurance provider or ShippingCart, may result in the denial of my claim, potential legal action, and/or termination of my ShippingCart account.
  4. I grant permission to the insurance provider and ShippingCart to share and cross-check information for the sole purpose of processing and validating this claim.
  5. I understand that any payout or compensation will be determined based on the terms and conditions of the insurance policy and the verifiable evidence provided.
  6. I commit to cooperating fully in the event of any further inquiries or investigations regarding this claim.

[ ] I confirm the accuracy of the information provided, the authenticity of the supporting documents, and acknowledge the consequences of providing false declaration. I grant permission for data sharing and accept the payout terms. I commit my full cooperation in the course of processing and evaluation of the claim."

Claimant's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Completion:**

1. Fill out each section of this form with accurate details.
2. Attach any relevant supporting evidence as indicated.
3. Submit this form along with all supporting documents using the provided online portal or as directed.
4. Ensure you have read and understood all the terms and conditions of the insurance policy before submitting your claim.
5. This form is crucial for processing your claim, so please ensure clarity and thoroughness.