



CLAIM FORM

Use this form for lost or damaged packages.
Claims can also be filed online at www.insurepost.com

Revised 2/2014

INSTRUCTIONS:

1. File a tracer with the carrier for lost shipments and notify the carrier about damaged packages as soon as possible.
2. Complete a SHIPSURANCE claim form, and provide all required documents within one hundred and twenty (120) calendar days from the date of shipment.
 - a. Make sure you are notified about any damage within 15 days as coverage allows for the discovery of loss or damage of a package up to 15 days after final delivery.
 - b. If the shipment is sent via the United States Postal Service (USPS) OR Canada Post, and the claim is for loss the Insured must wait 20 calendar days (Domestic shipments) or 40 calendar days (International shipments) before filing claim with SHIPSURANCE.
3. Attach the following to this form:
 - a. Copy of the carrier's tracer/claim form with the claim number, tracking number, and other related information from the carrier.
 - b. Copy of the carrier's settlement check and stub. **DO NOT WAIT FOR CARRIER CHECK TO FILE CLAIM WITH SHIPSURANCE.**
 - c. Copy of original invoice/receipt to/from the recipient.
 - i. If the claim is for damage please describe the damage. If repairs are possible, include the cost of the repair from disinterested 3rd party. If repairs are NOT possible, include the salvage value.
 - ii. If the claim is for damage, photos and inspection may be required. Retain all packaging material and damaged goods in its original form as received. **DO NOT FAX PHOTOGRAPHS.**
 - d. Shipments sent via the United States Postal Service (USPS) OR Canada Post: Claim statement/affidavit form signed by the recipient. An online affidavit/claim verification form is available, as well, in multiple languages.
4. Mail: InsurePost, 21900 Burbank Blvd., Ste 100, Woodland Hills, CA 91367 • Fax: **818-668-8899** • Email: **claims@insurepost.com**

InsurePost Order Number: _____

Today's Date: _____

Insured's Name: _____

Address Shipped From: _____

**FAILURE OF THE INSURED OR THE RECIPIENT TO RETAIN DAMAGED PROPERTY AND PACKAGING AS RECEIVED
COULD AFFECT FINAL SETTLEMENT OF THE CLAIM.**

Recipient's Name: _____

Recipient's Phone: _____

Recipient's Address: _____

Carrier: _____ Tracking #: _____ Carrier's Claim #: _____

Shipment Pickup Date: _____ Date Loss Discovered: _____ Invoice #: _____

Description of Item(s) and Damage: _____

AMOUNT OF CLAIM

Claim Type: Loss ___ Damage ___ Shortage___ Invoice or repair cost of items lost or damaged: \$ _____
(Amount cannot exceed value declared upon shipment)

Less amount paid by carrier: \$ (_____)

Repairable?: Yes ___ No ___ Less salvage value of damaged goods: \$ (_____)

Balance To Be Paid By Underwriters: \$ _____

I certify that the above statements are correct.

Signature: _____ **Telephone:** _____

Fax: _____ **Email Address:** _____

Make Check Payable to: _____

Warning: Any fraudulent claims will make the shipper and/or recipient liable for prosecution for mail fraud under the Federal Criminal Code.