



Shipsurance Certificate #: _____

Shipsurance Claim #: _____

Claim Statement – Lost or Damaged Parcels

Recipient / Buyer / Consignee Information:

Name: _____ Company Name: _____

Street Address: _____

City, State, Postal Code/ZIP Country: _____

Shipment Information:

Carrier Name & Service: _____ Claim Type: Loss ___ Damage ___ Shortage ___

Date Parcel Mailed: _____ Date Parcel Received or Loss Discovered: _____

Purchase Price: \$ _____ Claim Total Amount: \$ _____

Package Contents: _____

Invoice/Auction/Reference #: _____

If claim type is "Damage", please describe item and condition of package:

Recipient / Buyer / Consignee Statement:

To be signed by the recipient (damaged packages) or intended recipient (lost packages)

I certify that the information above is correct and truthful. I understand the consequences of fraud as described below.

Warning: Any fraudulent claims will make the shipper and/or consignee liable for any prosecution for mail fraud under federal crime code. The submission of a false, fictitious or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000.00 (18 USC 1001). In addition, a civil penalty of up to \$5,000.00, and an assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

Consignee (Recipient) Signature

Date

Signed By (print name)

WARNING: ANY FRAUDULENT CLAIMS WILL MAKE THE SHIPPER AND/OR CONSIGNEE LIABLE FOR ANY PROSECUTION FOR MAIL FRAUD UNDER FEDERAL CRIME CODE.

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