

Signed By (print name)

| Shipsurance Policy #: | |
|-----------------------|--|
| | |
| Shipsurance Claim # | |

Claim Statement - Lost or Damaged Parcels

Recipient / Buyer / Consignee Information: _____ Company Name: _____ 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

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

Either Fax to 818-668-8899 | Email to claims@shipsurance.com Mail to: 21800 Burbank Blvd. • Suite 240 • Woodland Hills, CA 91367