

CLAIM FORM

Use this form for lost or damaged packages.

Revised 1/2012

INSTRUCTIONS:

1. File a tracer with the carrier for lost shipments and notify the carrier about damaged packages as soon as possible.
 - a. Take proper exceptions on the delivery receipt when any loss or damage is apparent at the time of taking delivery.
2. Complete a SHIPSURANCE claim form, and provide all required documents within sixty (60) calendar days from the date of shipment.
 - a. If the shipment is sent via the United States Postal Service (USPS), complete claims must be submitted and received by SHIPSURANCE within one hundred and twenty (120) calendar days of the shipment date.
 - b. If the shipment is sent via the United States Postal Service (USPS), and the claim is for loss the Insured must wait 21 calendar days (Domestic shipments) or 45 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): Claim statement/affidavit form signed by the recipient.
4. Submit documents to inkfrogclaims@shipsurance.com •or• Mail to: SHIPSURANCE, 21800 Burbank Blvd, Ste 240, Woodland Hills, CA 91367 •or• Fax to: 818-668-8899

Policy/Certificate Number: **313010**

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:	\$ _____
	<i>(Amount cannot exceed value declared upon shipment)</i>	
	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.