

FOR PARCEL INSURANCE PLAN POLICYHOLDERS USE ONLY



CLAIM FORM Revised 08/06

For Lost or Damaged Packages

(Use for package carriers other than US Postal Service)

INSTRUCTIONS

1. File a tracer or notify the carrier immediately if package is lost or damaged.
2. Complete and submit this claim form **within 60 DAYS** of receipt of carrier's claim payment.
3. **Attach to this form:**
 - A. Copy of the carrier's form with claim number, claim notification (if available), and other related information from the carrier.
 - B. Copy of the carrier's claim check and stub.
 - C. Copy of the original invoice to the consignee and repair receipt, if applicable.
 - D. On lost C.O.D. shipments, include consignee's letter stating non-receipt.
 - E. For computerized shipping system users only – Copy of shipping system daily report detailing amount of claim insured with PIP.
4. Remit by fax: **314-692-7598** or mail: **PARCEL INSURANCE PLAN, P.O. BOX 66708, ST. LOUIS, MO 63166-6708**

CLAIM PAYMENT

Insured's Name: _____

Address Shipped From: _____

Policy No: _____

Carrier: _____ Pickup Date: _____

No. of Packages: [] Loss [] Damage [] Shortage

You or consignee should hold damaged items in the event they are requested during claim processing. FAILURE TO RETAIN DAMAGED PROPERTY COULD AFFECT FINAL SETTLEMENT OF THE CLAIM.

Consignee: _____

Invoice No: _____ Carrier's Claim No: _____

Description of Items: _____

Amount of Claim: Invoice or repair cost of items lost or damaged, **excluding** shipping fees: \$ _____
(Amount cannot exceed value declared upon shipment)

Less amount paid by carrier, **excluding** shipping fees: \$ _____
(Shipping fees should be recovered from the carrier)

Less salvage value of damaged goods: \$ _____

Balance to be paid by **PIP**: \$

Send claim check to the attention of: _____

The balance of your unpaid claim will be forwarded to you promptly upon receipt of the completed claim form and items noted in "3" of the instructions.

I certify that the above statements are correct.

Signature _____ Date _____

Telephone (_____) _____ Ext. _____

Fax No. (_____) _____

E-Mail _____

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

| | |
|------------------|----------------|
| FOR PIP USE ONLY | |
| Amount | _____ |
| Date | _____ By _____ |

If we have not responded to your claim within 3 weeks of filing, you may check the status of your claim at www.pipinsure.com.