



FOR PARCEL INSURANCE PLAN POLICYHOLDERS USE ONLY

US POSTAL SERVICE (USPS) CLAIM FORM
For Lost or Damaged Packages - Revised 08/06

INSTRUCTIONS:

1. Complete and mail this claim form no earlier than **30 DAYS** and no later than **180 DAYS** from shipment date.
2. Attach a copy of your original invoice to the consignee.
3. Attach a copy of the correspondence from the consignee advising you of the loss.
4. If at all possible, attach:
 - A. A copy of the USPS tracer form. The USPS reply is not needed.
We advise filing a tracer for all lost USPS packages whether or not you send a copy to us.
 - B. A copy of the check from USPS, if you insured part of the value with USPS.
 - C. A copy of the U.S. Postal Service Delivery Confirmation Receipt, if applicable.
 - D. For computerized shipping system users only - Copy of shipping system daily report detailing amount of claim insured with PIP.
5. Mail to: **PARCEL INSURANCE PLAN, P. O. BOX 66708, ST. LOUIS, MO 63166-6708.**

Or FAX to: 314-692-7598 (include all requested documentation)

CLAIM PAYMENT FORM

Insured's Name _____ Policy # _____

Address Shipped From: _____

Consignee's Name _____ Invoice # _____

Date Mailed _____ [] Loss [] Damage [] Shortage Number of Packages _____

***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.***

Description of Items _____

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

Less amount paid by USPS, if any: \$ _____

Less salvage value of damaged goods: \$ _____

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

The balance of your unpaid claim will be forwarded to you promptly upon receipt of this completed claim form and items noted in "2, 3, and 4" of the above instructions.

I certify that the above statements are correct.

Signature _____ Send check to attention of: _____

Telephone (____) _____ Ext. _____

Email Address: _____

Fax No. (____) _____ Date _____

FOR PIP USE ONLY	
AMOUNT: \$	_____
DATE:	BY: _____

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

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.