

U.S. POSTAL SERVICE® (USPS®) CLAIM FORM
For Lost or Damaged Packages - Revised 10/99-W

Policy # 15735

Claim Filing Instructions:

1. Sign this claim form. Your signature is required for processing.
2. Attach a copy of original receipt or proof of value for the Claim Amount.
3. Attach a copy of a letter from the package recipient confirming the loss.
4. If you used Express Mail®, the USPS provides your first \$100 of insurance coverage. Once the USPS has processed and paid their claim, you may then submit a claim to PIP for the claim amount above \$100. Please include a copy of the USPS check.
5. Submit this claim with all requested documents using the information to the right.

Mail This Claim To:

PARCEL INSURANCE PLAN
 P. O. BOX 66708
 ST. LOUIS, MO 63166-6708

or fax everything to:
 314-692-7598

Important Notes:

1. Please do not submit claims for lost packages before 30 days after the shipment date. Claims for Damage can be submitted at any time. All claims must be submitted within 180 days of the shipment date.
2. **The package recipient should hold damaged items in the event they are requested during claims processing. FAILURE TO RETAIN DAMAGED PROPERTY COULD AFFECT FINAL SETTLEMENT OF THE CLAIM.**
3. **Warning: Any fraudulent claims will make the shipper and / or package recipient liable for prosecution for mail fraud under the Federal Criminal Code.**
4. Call PIP directly with questions or if PIP has not responded to your claim within 3 weeks of filing at 800-325-7390 (Ext. 16)

Claim Form Information

Package Recipient's Name:	Date Mailed:
Number of Packages:	Claim Type:
Insurance ID:	
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 salvage value of damaged goods
- \$	Less amount paid by USPS, if any
\$	Balance to be paid by PIP

Shipper's Contact Information

Shipper's Name:	Telephone:
Send check to the attention of:	Email Address:
Shipper's Mailing Address:	Fax:

I certify that the above statements are correct.

Signature _____

FOR PIP USE ONLY

AMOUNT : \$ _____

DATE: _____ BY: _____