

# CLAIM FORM

Use this form for lost or damaged packages.  
Claims can also be filed online at [www.shipsurance.com](http://www.shipsurance.com)

Revised 10/2020 – Updated Logo to Reflect “by Assurant”

**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 one hundred and twenty (120) calendar days from the date of shipment.
  - a. If the shipment is sent via the United States Postal Service (USPS) or USPS consolidators and the claim is for loss, the Insured must wait 20 calendar days (Domestic shipments) or 40 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 3<sup>rd</sup> 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) or consolidators: Claim statement/affidavit form signed by the recipient.
4. Copy of the monthly insurance report reflecting insured value, either computerized or by hand.
5. Mail: SHIPSURANCE, 21900 Burbank Blvd., Ste 100, Woodland Hills, CA 91367 • Fax: **818-668-8899** • Email: **[claims@shipsurance.com](mailto:claims@shipsurance.com)**

Policy/Certificate Number: \_\_\_\_\_

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**

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:	\$ ( _____ )
	<b>Balance To Be Paid By Underwriters:</b>	<b>\$ _____</b>

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.