



# Insurance Claim Form

for lost or damaged packages

## INSTRUCTIONS:

- A. File a claim with your carrier. Carrier's payment is required before SHIP-INS coverage is applicable.
- B. Complete and fax or mail this 'Insurance Claim Form' within 30 days after receiving carrier's claim payment.
- C. Attach the following to this claim form:
  - Copy of the carrier's claim form and the 'Loss/Damage Notification' form from the carrier.
  - Copy of the carrier's claim check or the claims settlement remittance advice.
  - Copy of your commercial invoice to the consignee and on a damaged claim, copy of the repair receipt.
  - For manifest system shipping users only - copy of manifest system report showing the proof of insured value with SHIP-INS. If you report to SHIP-INS monthly with reports showing insured values, you will not need to submit this information.
- D. To submit claims: Fax to: (573) 860-2022 or mail to: SHIP-INS, P.O. Box 607, Sullivan, MO 63080 or e-mail to: shippers\_insurance@shipins.com
- E. Call toll free 1-800-720-2784 or (573) 860-2001 if you have any questions.

Insured's Name: _____	Policy #: _____
Address: _____	
Consignee's Name: _____	
Description of item(s): _____	
<input type="checkbox"/> Lost <input type="checkbox"/> Damaged, any salvage? ( ) Yes ( ) No              Tracking # _____	

<b>Claim Amount:</b>	Invoice of items lost or repair cost of contents damaged, excluding shipping fees (amount not to exceed insured value of shipment)	\$ _____
	Deduct amount paid by the carrier, not including shipping fees (shipping fees are recoverable from the carrier)	\$ _____
	Deduct salvage value of damaged product(s)	\$ _____
	Balance to be paid . . . . .	\$ _____

Claim check to be sent attention: \_\_\_\_\_

I certify that the above information is correct.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

<b><u>Insurance Company Use Only</u></b>
Acknowledgement of Claim Received
Date Received _____
Claim # _____
Please Note: Your claim has been received as of the date above and is in the claims processing department.