

**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](http://www.pipinsure.com).**