

Claim Statement – Lost or Damaged Parcels

Please type in all information, print this form out and fax it to 408-521-1888

Consignee Information:

Name:

Company Name:

Street Address:

City:

Other State:

Claimant Information (Office use only):

DSI Policy #:

DSI Claim#:

State:

ZIP:

Country:

Shipment Information:

Carrier Name & Service:

Claim Type: Loss Damage Shortage

Date Parcel Mailed:

Date Parcel Received or loss Discovered:

Purchase Price:

Claim Total Amount:

Package Contents:

Invoice #:

If claim type is "Damage" please describe and state whether or not repairable:

Consignee Statement:

I certify that the information above is correct and truthful. I understand the consequences of fraud as described below.

Warning: Any fraudulent claims will make the shipper and/or consignee liable for any prosecution for mail fraud under federal crime code. The submission of a false, fictitious or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000.00 (18 USC 1001). In addition, a civil penalty of up to \$5,000.00, and an assessment twice the amount falsely claimed may be imposed (31 USC 3802).

Signature: _____

Date: _____

Printed Name: _____