



Claim Statement – Lost or Damaged Parcels

Consignee Information:

Name: _____
Company Name: _____
Street Address: _____
City, State ZIP Country: _____

Claimant Information:

DSI Policy #: _____
DSI Claim #: _____

Shipment Information:

Carrier Name & Service: _____ Claim Type (Please Circle): Loss Damage Shortage

Date Parcel Mailed: _____ Date Parcel Received or Loss Discovered: _____

Purchase Price: \$ _____ Claim Total Amount: \$ _____

Package Contents: _____

Invoice/Auction/Reference #: _____

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 of twice the amount falsely claimed may be imposed (31 USC 3802).

Signature

Date

Printed Name