UNITED STATES POSTAL SERVICE®

Claim for Indemnity — International Registered, Insured, and Express Mail *(Type or Print)*

Case Number

I - General Claim Information *(Completed by Person Filing Claim)*

1. Name and Address of Sender *(No., Street, Apt./Suite No.)*

2. Name and Address of Person or Firm to Whom Article was Addressed *(No., Street, Apt./Suite No.)*

3. Type of Claim
☐ Registered ☐ Insured ☐ Express Mail

4. Mailing Receipt Number

5. Mailing Date

6.
☐ Surface ☐ Airmail

7. Reason for Claim
☐ 1. Article not Delivered ☐ 3. Damage
☐ 2. Some/All Contents Missing

Number or Quantity	8. Description of Items Which Were Damaged or Missing *(State brand names if known. Attach customs declaration if available. Describe condition in which received if damaged.)*	√ New	√ Used	Value *(Allow for depreciation)*
	Total Amount Claimed ▶			

NOTE: You must submit evidence of value with this claim. Attach purchase receipts or invoices if available.

9. Describe any other items in the article besides those listed above.

10. Pay Indemnity to: ☐ Sender ☐ Addressee

11. Enter Address if Different From Above

12. Signature of Sender *(I certify that all information furnished on this form is accurate and truthful. 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* (18 USC 1001). *In addition, a civil penalty of up to $5,000, and an additional assessment of twice the amount falsely claimed may be imposed)* (31 USC 3802).

X

13. Phone No.

14. Date

II - Completed by Addressee

15. Did you Receive Items Described Above?
☐ Yes ☐ No

17. Did parcel contain a customs damage/shortage notice?
☐ Yes *(Attach notice)* ☐ No

16. State Present Location of Damaged Articles

18. Signature of Addressee *(I certify that all information furnished on this form is accurate and truthful. 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* (18 USC 1001). *In addition, a civil penalty of up to $5,000, and an additional assessment of twice the amount falsely claimed may be imposed)* (31 USC 3802).

X

19. Phone No.

20. Date

(Type or Print)

III - Completed by Post Office Verifying Receipt or Wrapper

(NOTE: Send Claim to Appropriate International Claims and Inquiries Office)

21. Evidence of Insurance, Registry, or Express Mail ☐ Mailing Receipt ☐ Wrapper	22. Date Mailed	23. Mailing Office	24. Fee Paid $	25. Postage Paid $
26. Type of Service a. ☐ Registered ☐ Insured ☐ Express Mail b. ☐ Airmail ☐ Surface	27. Description of Container and Packaging			
28. Verified by:	29. Phone	30. Post Office Name and ZIP + 4		31. Date

IV - Completed by Office of Address

32. Do You Hold Record of Delivery? ☐ Yes ☐ No	33. Article Signed for by:	34. Date Signed

If claim is for partial loss, rifling, or damage answer the following questions and submit wrapper with claim form:

35a. Does delivery receipt indicate visible damage to package at time of delivery? ☐ Yes ☐ No	35b. Was there external evidence of rifling or damage? ☐ Yes ☐ No	35c. Was article properly packed and wrapped for foreign transportation? ☐ Yes ☐ No *(State Reason)*	
36. Verified by:	37. Phone	38. Post Office Name and ZIP + 4	39. Date

V. - Certification and Coding

(Completed by International Claims and Inquiries Office)

40. Claim Certification Number		41. Loss Code *(See item 7, Section I)*	42. Payee ZIP + 4	43. Date Mailed *(MM,DD,YY)*
44. Fee Amount	45. Merchandise Code *(For PDC use only)*	46. Postage Refund *(Including Inquiry Fee)* $	47. Amount of Claim Payable $	48. Total Amount Payable *(Items 41 & 42)* $
49. Name of Payee				

50. Type of Claim ☐ Registered ☐ Insured ☐ Express Mail	51. Signature of Certifying Employee	52. Phone ( )	53. Date Certified
54. Claim Number:	55. International Claims and Inquiries Office		56. F/A Code

PRIVACY ACT STATEMENT: The collection of information on this form is authorized by 39 USC 402 and 404. This information will be used to process your claim for indemnity on international mail, and may be disclosed to foreign postal authorities and appropriate law enforcement agencies where there is an indication of a violation of law. Completion of this form is voluntary; however, if this information is not provided, your claim will not be processed and indemnity will not be paid.

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