



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

1a. 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.)	
1a. Customer Submitting Claim <input type="checkbox"/> Sender <input type="checkbox"/> Addressee		
3. Type of Claim <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Ordinary Parcel <input type="checkbox"/> Express Mail	4. Mailing Receipt Number	5. Mailing Date
6. <input type="checkbox"/> Airmail <input type="checkbox"/> Economy	7. Reason for Claim <input type="checkbox"/> Article not Delivered <input type="checkbox"/> Damage <input type="checkbox"/> Some/All Contents Missing	

Number or Quantity	8. Description of Items Which Were Damaged, Missing, or Lost <i>(State brand names if known. Attach customs declaration if available. Describe condition in which received if damaged.)</i>	√		Value or Cost	Purchase Date
		New	Used		
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: <input type="checkbox"/> Sender <input type="checkbox"/> 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).*

13. Telephone No. (Include area code)	14. Date
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II - Completed by Addressee

15. Did you Receive Items Described Above? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. State Present Location of Damaged Articles
17. Did parcel contain a customs damage/shortage notice? <input type="checkbox"/> Yes (Attach notice) <input type="checkbox"/> No	
18. Signature of Addressee <i>(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).</i>	
19. Telephone No. (Include area code)	20. Date

III - Completed by Post Office™ Verifying Receipt or Wrapper

(Type or Print)

21. Evidence of Insurance, Registry, Ordinary Indemnity, or Express Mail <input type="checkbox"/> Mailing Receipt <input type="checkbox"/> Wrapper	23. Mailing Office	24. Fee Paid \$
22. Date Mailed		25. Postage Paid \$
26. Type of Service a. <input type="checkbox"/> Registered <input type="checkbox"/> Airmail <input type="checkbox"/> Insured <input type="checkbox"/> Economy <input type="checkbox"/> Ordinary Parcel <input type="checkbox"/> Express Mail	27. Description of Container, any visible damage, and Packaging	
28. Verified by:	29. Telephone <i>(Include area code)</i>	30. Post Office™ Name and ZIP + 4®
		31. Date

IV - Completed by Office of Address

32. Do You Hold Record of Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	35b. Was there external evidence of rifling or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	35c. Was article properly packed and wrapped for foreign transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(State Reason)</i>
36. Verified by:	38. Post Office Name and ZIP + 4	
37. Telephone <i>(Include area code)</i>		
39. Date		

V - Certification and Coding

(Completed by International Claims Office)

40. Postage Refund <i>(Including Inquiry Fee)</i> \$	41. Amount of Claim Payable \$	42. Total Amount Payable \$
43. SDR Value	44. Type of Claim <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Ordinary Parcel <input type="checkbox"/> Express Mail	
45. Signature of Certifying Employee	(NOTE: <i>Send Claim to International Claims Office</i>) CLAIMS SERVICING SECTION ACCOUNTING SERVICE CENTER PO BOX 80146 ST. LOUIS MO 63180-0146	
46. Date Certified		

PRIVACY ACT STATEMENT: Your information will be used to respond to inquiries and claims related to international mail services. Collection is authorized by 39 USC 401, 403, 404, and 411; and 31 USC 7701. Providing the information is voluntary, but if not provided, we may not process your request. We do not disclose information to third parties without your consent, except to facilitate the transaction, to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; and to contractors and other entities aiding us to fulfill the service (service providers). For more information regarding our privacy policy visit us at www.usps.com®.