

U-PIC Insurance Services
Affidavit
For Lost or Damaged Parcels

CLAIM INFORMATION SHEET

Name: _____

Street Address / P.O. Box: _____

_____ City: _____

State / Province: _____ Zip Code: _____

Phone: _____ Contact: _____ E-Mail: _____

CLAIM DETAIL

Lost / Damage / Incomplete: _____

If item is damaged, please describe and attach picture of damage: _____

Describe condition of package: _____

I hereby certify that all information 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 \$10,000.00 (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: _____

Those customers filing more than one claim may experience a delay in payment due to an increase in investigative time.

WARNING: ANY FRAUDULENT CLAIMS WILL MAKE THE SHIPPER AND/OR CONSIGNEE LIABLE FOR ANY PROSECUTION FOR MAIL FRAUD UNDER FEDERAL CRIME CODE.

U-PIC Insurance Services
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Email: support@u-pic.com