

**U-PIC Insurance Services**  
**Buyer/Recipient Affidavit**  
*For Lost or Damaged Parcels*

**CLAIM INFORMATION SHEET**

Buyer's 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: \_\_\_\_\_

**SELLER INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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).

Buyer 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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