Overview

This form is to assist Global Package Solutions, LLC. (ShipitAPO) file claims with our insurance provider for packages insured at the time of processing. Proper completion of this form and inclusion of all requested information will help ShipitAPO's insurance provider to properly adjudicate and process your claim in a timely fashion. Each package for which you are filing a claim requires a separate form, so please print or make as many copies of this form as needed. You CANNOT file for multiple packages on a single Insurance Claim Form. The insurance provider treats each package as an individual shipment, and all insurance claims must adhere to this practice. This ensures that if there is an administrative problem with one claim, the others can be processed without delay. Your claim may be subject to challenge for proof of damage or loss. When filing a claim, you should save actual shipping boxes and packing material and be prepared to provide them along with the damaged article(s) so that our insurance provider can determine if the article(s) is(are) to be repaired, replaced or deemed a loss.

Instructions

1. Complete and mail the ShipitAPO claim form and other items no later than 85 days from the ShipitAPO shipment date. In case of lost in shipment claims:

    a. For packages mailed out as Priority Mail -- Do not mail this claim form any earlier than 45 days from the ShipitAPO shipping date, found on the e-mail shipping notification sent to you at time we processed your package.
    b. For packages mailed out as Parcel Post / Parcel Select– Do not mail this claim form any earlier than 60 days from the ShipitAPO shipping date, found on the e-mail shipping notification sent to you at time we processed your package.

2. We will also accept completed, signed and scanned or completed, signed and faxed claims filed no later than 85 days from the ShipitAPO shipment date. You can email the scanned form to customerservice@shipitapo.com or fax the form to 815-301-6657 or mail the completed form to the address above.

3. Provide a copy of your original purchase invoice/receipt depicting the order number, shipping destination, item description and cost with a contact address and phone number of the original shipper. NOTE: If you cannot produce an invoice/receipt, then provide a written/printed statement from shipper to include an order number, item description and the item's value or cost with a contact name, address, and phone number.

4. Provide a copy of the vendor's or shipper's notice of shipment paperwork that shows enough information found in Step 3 to link the contents of the package ShipitAPO forwarded with a shipping carrier and associated tracking number. NOTE: If you cannot produce a tracking receipt, then provide a written/printed statement from shipper to include shipping carrier, a tracking number, item description and the item's value or cost with a contact name, address, and phone number.

5. Provide a copy of the ShipitAPO shipping notification email for the package for which you are filing a claim. This is required as it proves that insurance charges were paid. If you no longer have this email, please indicate so on the claim form.

6. The claim form must be completed, signed and dated as indicated.

7. All claims over $150 are required to be notarized (witnessing signature).

    Notes: Claim submissions missing any required information will be returned and the claim will not be processed, pending receipt of all the needed forms and information. If the 85-day submission deadline is missed the claim will be denied. Once ShipitAPO is in receipt of a completed claim form, we send it to our insurance underwriter. With favorable adjudication by the underwriter, we can usually have a check sent to you or your designated representative within 45-days.

8. Completed, signed and notarized when needed, claim forms can be:

    a. Scanned and emailed to us at customerservice@shipitapo.com
    b. Scanned and faxed to us at 1-813-425-6329
    c. Mail/couriered to us at Global Package Solutions, LLC, 2043 SE 20th Lane, Cape Coral, FL 33990

ShipitAPO Insurance Claim Form
Send claims to:
Global Package Solutions, LLC
2043 SE 20th Lane
Cape Coral, FL 33990

Contact Information

Personal/Account Information	Vendor/Shipper Information
_____	_____
Insured's Name	Vendor/Shipper's Name
Insured's Email	Order Number
Your ShipitAPO Address (include Account #)	Vendor/Shipper's Email
Destination Address of Account	Vendor/Shipper's Mailing Address
Contact Phone Number	Contact Phone Number

Package Information

_____   _____
Item Description   Description of Loss/Damage

$_____   _____
Claim Amount (Excluding shipping fees and less salvage value)   ShipitAPO Shipping Date
(Found on your ShipitAPO Shipment Notice E-mail)

Loss   Damage (circle one)

Missing ShipitAPO email? Yes   No (circle one)

I, the undersigned and claimant, do hereby certify that the information provided on these forms and all information included with this claim submission is accurate and truthful in all respects. Furthermore, I certify that in the event of loss I have not received the package or item(s) claimed for reimbursement through any means. In the case of damage, I certify that I am claiming only the amount necessary to effect repairs, or in the case that an item is uneconomical to repair, its replacement cost.

ShipitAPO Insurance
Claim Form Instructions

_____   _____
Claimant's Signature and date of claim   Notary Title & Name (if claim is greater than $150)

                                                _____
                                                Notary Signature & Date

Notary Seal/Stamp
4-1-2008

To help expedite your claim resolution in the event of a favorable adjudication from ShipitAPO's insurance coverage provider for this claim, please provide the mailing address you would like your ShipitAPO Insurance Reimbursement Check mailed:

Mailing Address
_____
Name
_____
Address
_____
City, State   Zip Code