



## Flexible Parcel Insurance Claim Form

Complete this CLAIM FORM as your cover page and submit it along with your claim documentation. Include your replacement or repair cost of the merchandise and transportation charges. For future reference, the following will identify this claim:

Ship Sticks Confirmation #: \_\_\_\_\_ FedEx/UPS Tracking#: \_\_\_\_\_

Pick Up Date:			
Delivery Date:			
Package Status:	Lost: <input type="checkbox"/>	Damaged: <input type="checkbox"/>	Late: <input type="checkbox"/>
Merchandise Description: (Brand, Make, Model)			
Quantity:			
Declared Value:			
Weight:			
Can Item Be Repaired?:	Y / N		
Is The Item Transportable?:	Y / N		
Repair / Replacement Cost:			
Inspection Address:			
Comments / Explanation: (Explain In Detail)			
Contact Name:			
Contact Address: (Claims Check Sent Here)			
Contact Phone Number:			
Contact Email:			
<i>The information provided is correct to the best of my knowledge.</i>			
Signature: _____		Date: _____	

To expedite your claim payment request, you may fax or email the completed claim form as a cover page along with the above mentioned required documents to: (561) 429-3915 or [claims@shipsticks.com](mailto:claims@shipsticks.com)

Or, send by mail to:

**Ship Sticks - Claims**  
Post Office Box 3565  
West Palm Beach, Florida 33402

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