

## Claim Statement – Lost or Damaged Parcels

### Consignee Information:

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

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

Street Address: \_\_\_\_\_

City, State ZIP Country: \_\_\_\_\_

### Shipment Information:

Carrier Name & Service: \_\_\_\_\_ Claim Type (Circle): Loss Damage Shortage Missing Pieces/Parts

Date Parcel Mailed: \_\_\_\_\_ Date Parcel Received or Loss Discovered: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Claim Total Amount: \$ \_\_\_\_\_

Package Contents: \_\_\_\_\_

Invoice/Auction/Reference #: \_\_\_\_\_

If claim type is "Damage", please state whether or not repairable. If claim type is "Missing Pieces/Parts", please describe what is missing: \_\_\_\_\_

### Consignee Statement:

I certify that the information above is correct and truthful. I understand the consequences of fraud as described below.

Warning: Any fraudulent claims will make the shipper and/or consignee liable for any prosecution for mail fraud under federal crime code. 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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Please return by one of the following options:

1. Scan and email to:  
info@rightstuf.com

2. Fax to:  
1.515.986.1129  
Attn: Claims Dept.

3. Mail to:  
Right Stuf, Inc.  
Attn: Claims Dept.  
512 NE Main Street  
Grimes, IA 50111

For additional help with this form,  
please call our friendly customer  
service at:

In the US: 1.800.338.6827  
Internationally: 1.515.986.1129