



# CLAIM FORM

Jensen's Mail & Copy  
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San Francisco, CA 94131  
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+1-415-282-2102 (fax)  
info@jensens-sf.com (e-mail)  
www.jensens-sf.com (Web site)

Jensen's Mail & Copy will act as your agent in filing claims and will rely on the carrier's investigation to determine any compensation due. Reimbursement for claims will be issued as soon as claim is approved and paid by declared value provider (typically 4-6 weeks). Shipments are subject to [published terms](#).

Reference number: \_\_\_\_\_  
 Ship date: \_\_\_\_\_  
 Today's date: \_\_\_\_\_  
 Tracking number: \_\_\_\_\_ **(attach copy of tracking printout)**  
 Weight: \_\_\_\_\_ pounds  
 Service type: \_\_\_\_\_ (e.g., DHL Ground, FedEx Priority Overnight)  
 Declared Value Coverage #: \_\_\_\_\_ (from Red Sheet – if purchased)  
 Shipping charge: \_\_\_\_\_ **(attach copy of shipping receipt)**  
 Claim type:  Damage (Complete loss)  Lost package  
                    Damage (Partial loss)  Service failure (Delayed)

Sender information (address, phone – include daytime and cell phone if any, & e-mail if available):

Recipient information (address, phone – include daytime and cell phone if any, & e-mail if available):

If lost or damaged, contents of shipment (include value – **attach receipts** or other verification of value):

If damaged, describe damage to outer packaging (pictures are VERY helpful – **save all packaging materials**):

If damaged, describe damage to contents and, if known, price to repair (again, pictures are VERY helpful):

Under penalty of perjury, I hereby certify that all of the information provided is correct to the best of my knowledge (shipper's signature, date signed):