



Damage Report of Insured Parcel and Contents

FOR INTERNAL USE ONLY: Do Not Complete This Form in Presence of the Customer

1. Customer Name	2. Mailing Receipt/Article #
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3. Mailing Container Type/Brand <input type="checkbox"/> Box <input type="checkbox"/> Padded Envelope <input type="checkbox"/> Tube <input type="checkbox"/> Flat <input type="checkbox"/> USPS® Packaging (Express Mail® / Priority Mail®) <input type="checkbox"/> Ready Post® Packaging <input type="checkbox"/> Other (Please describe) _____	4. Mailing Container Construction <input type="checkbox"/> Sturdy <input type="checkbox"/> Medium <input type="checkbox"/> Flimsy
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6. Packing Materials (Check all that apply) <input type="checkbox"/> No Packing Material Submitted <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Styrofoam Peanuts <input type="checkbox"/> Double-boxes <input type="checkbox"/> Newspaper <input type="checkbox"/> Foam <input type="checkbox"/> Tissue <input type="checkbox"/> Other (Please describe) _____	5. Damage to Mailing Container (Check all that apply) <input type="checkbox"/> No Visible Damage <input type="checkbox"/> Cut, Torn, or Ripped <input type="checkbox"/> Liquid Damage <input type="checkbox"/> Crushed or Smashed <input type="checkbox"/> Soiled or Stained <input type="checkbox"/> Depression on Box <input type="checkbox"/> Other (Please describe) _____
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7. Was container/packing material sufficient to protect contents from damage during normal handling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
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8. What appears to have been the cause of the damage? (Check all that apply and write your comments in the space provided below.)

Fragility of Contents Crushing Shock Inadequate Packaging
 Leakage of Contents Perishable Contents Other (Please describe) _____

Comments: _____

9. List undamaged items included in the package.

10. If there is no visible damage to the article(s), what is customer's evidence of damage?

11. Location of Damaged Articles	POST OFFICE™ <input type="checkbox"/>	City	State	ZIP+4	Telephone No. (include area code)
	CUSTOMER <input type="checkbox"/>	Reason (check one) <input type="checkbox"/> Under \$10.00 <input type="checkbox"/> For Repairs <input type="checkbox"/> Claim Denied			
Disposition of Articles	<input type="checkbox"/> MRC - Date sent _____ (Claim paid - value over \$10.00)				<input type="checkbox"/> Returned to Customer Return Date _____
	<input type="checkbox"/> Discarded - Date _____ (Claim paid, value under \$10.00 or Hazardous)				

12. Reminder: Did you prepare a PS Form 3831, Receipt for Article(s) Damaged in Mails? If not, prepare one and mail it to the customer.

13. Additional Comments:

14. Verified by: (Print Name)	Signature	Telephone No. (include area code)	ZIP Code™
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When submitting claims, attach to PS Form 1000, PS Form 2855, or Online Claim Summary, and send to:
(Retain a copy of all forms and documentation for your records.)

Domestic: CLAIMS SERVICING SECTION ACCOUNTING SERVICES PO BOX 80143 ST LOUIS MO 63180-0143	International: CLAIMS SERVICING SECTION ACCOUNTING SERVICES PO BOX 80146 ST LOUIS MO 63180-0146
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Round Date Stamp