



Domestic Claim or Registered Mail™ Inquiry

Despite our best efforts, mail is occasionally damaged or lost.

We are constantly improving the way we handle mail so that loss or damage will not occur.

WHAT YOU NEED TO FILE A CLAIM:

1. Your original mailing receipt for Insured, COD, Registered Mail, Express Mail® Service (original sales receipt from the USPS® showing article number and insurance amount is acceptable if original mailing receipt is not available). Original mailing receipts for Unnumbered Insured and Express Mail Service must be surrendered at the time the claim is initiated.
2. Evidence of value, such as a sales receipt (if applicable), invoice or bill of sale, or statement of costs for reconstruction of Express Mail Service documents. Either the mailer or addressee may furnish evidence of value. For internet purchases, a copy of the front and the back of the canceled check, money order, or a copy of the credit card billing statement is required. If the purchase was made using an internet account, a final or complete transaction sheet indicating the amount deducted from the account is required.
3. Proof of Damage and/or Estimate of Repair: For damage, loss or partial loss of contents, the addressee must present the following:
 - (a) The container, wrapping, packaging, and any contents that were received;
 - (b) The original mailing receipt, or other proof of mailing specified in paragraph 1, above;
 - (c) Evidence of value; and
 - (d) Estimate of repair (*if applicable*).

NOTE: Do not return the damaged parcel(s) to the mailer to file the claim. Either the addressee or the mailer may file claims for damage or loss of contents.
4. Proof of Loss for Unnumbered Insured Mail Only: The mailer must present the following:
Written and signed documentation from the addressee (*such as a letter*), dated at least 21 days from the date of mailing, stating the addressee did not receive the article.
5. Completed Section A of claim form, PS Form 1000, *Domestic Claim or Registered Mail™ Inquiry*.

Enter the appropriate article code(s) in Item A4c on PS Form 1000:

| | | | |
|---------------------------|-----------------------|--|---|
| 01 Cash | 05 Media: Music/Video | 09 Sports Equipment | 13 Firearms |
| 02 Jewelry | 06 Electronics | 10 Liquor/Wine | 14 Hazardous/Sexually Oriented Material |
| 03 Clothing/Home Products | 07 Computers | 11 Animals | 15 Other |
| 04 Art/Crafts | 08 Collectibles | 12 Document Reconstruction/Event Tickets | |

TIME LIMITS FOR FILING CLAIMS

Claims for Damage or Partial Loss of Contents:

All claims for damage or loss of contents should be filed **immediately**, but no later than 60 days from the date of mailing.

Claims for Loss:

| Type of Service | Claim may not be filed until | Claim must be filed by |
|--|---------------------------------------|--------------------------------------|
| Insured | 21 days | 180 days |
| COD | 45 days | 180 days |
| Registered | 15 days | 180 days |
| Registered COD | 45 days | 180 days |
| Express Mail Service | 7 days | 90 days |
| Express Mail COD Service | 45 days | 90 days |
| APO/FPO Insured (<i>First-Class, SAM, PAL, or COD</i>) | 45 days | 180 days |
| APO/FPO Insured (<i>Surface mail</i>) | 75 days | 180 days |
| | after date of mailing. | from date of mailing. |

If you need more information, ask for a copy of Publication 122, *Customer Guide to Filing Domestic Claims or Registered Mail Inquiry*, or visit www.usps.com.

To check the status of your claim, call toll free 1-866-974-2733.

Privacy Statement: Your information will be used to process and respond to your indemnity claim or Registered Mail inquiry. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we may not process your transaction. We do not disclose your information without your consent to third parties, except to facilitate the transaction (such as to the sender or addressee), to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf, to financial entities regarding financial transaction issues, to a USPS auditor, to entities, including law enforcement, as required by law or in legal proceedings; and to contractors and other entities aiding us to fulfill the service (service providers). For more information on our privacy policies see our privacy policy link on usps.com.

Please detach this page before submitting claim form.



Domestic Claim or Registered Mail™ Inquiry

(Type or print legibly with a black ink ball-point pen.)

A. Completed by Customer (Claims may be filed at any Post Office™, Station or Branch)

| | | | | | | | |
|---|----------|---|---|---|-----------------------------|------------------|------------------|
| 1. Mailer Information | | | 2. Addressee Information | | | | |
| a. First Name | b. MI | c. Last Name | a. First Name | b. MI | c. Last Name | | |
| d. Business Name (Use only if the mailer is a company) | | | d. Business Name (Use only if the addressee is a company) | | | | |
| e. Street Name 1 (No., st., ste./apt. no.) | | | e. Street Name 1 (No., st., ste./apt. no.) | | | | |
| f. Street Name 2 (No., st., ste./apt. no.) | | | f. Street Name 2 (No., st., ste./apt. no.) | | | | |
| g. City | h. State | i. ZIP + 4® | g. City | h. State | i. ZIP + 4 | | |
| j. Telephone No. (Include area code) | | | j. Telephone No. (Include area code) | | | | |
| 3. Payment Assignment - Alternate Payment Address | | | 4. Description of Lost or Damaged Article(s) - Add Extra Sheets as Needed | | | | |
| a. Who Is to Receive Payment? (Check one) <input type="checkbox"/> Mailer <input type="checkbox"/> Addressee | | | a. Item No. | b. Description of Article | c. Article Code - See Cover | d. Value or Cost | e. Purchase Date |
| b. Street Name 1 (If other than address above) (No., st., ste./apt. no.) | | | 1 | | | | |
| c. Street Name 2 (No., st., ste./apt. no.) | | | 2 | | | | |
| d. City | e. State | f. ZIP + 4 | 3 | | | | |
| 5. COD Amount to Be Remitted to Sender (For business mailer COD claims only) \$ | | | | 6. Total Amount Claimed for All Articles \$ | | | |
| 7. Certification and Signature | | I hereby certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form, whether by including it or omitting it, may be subject to criminal and/or civil penalties, including fines and imprisonment. | | | | | |
| a. Customer Submitting Claim: <input type="checkbox"/> Mailer <input type="checkbox"/> Addressee | | b. Signature of Customer Filing the Claim | | | c. Date Signed (MM/DD/YYYY) | | |

B. Completed by Postal Employee Where Claim Is Filed

| | | | | | |
|--|---|--|---|--|---|
| 1a. Service Category (Check only one) | | | 1b. If service category is Express Mail Service Merchandise, COD or document reconstruction, was the service guarantee met? | | |
| i. <input type="checkbox"/> Numbered Insured Mail | iv. <input type="checkbox"/> Registered Mail w/o Insurance (Inquiry Only) | vii. <input type="checkbox"/> COD Mail | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| ii. <input type="checkbox"/> Unnumbered Insured Mail | v. <input type="checkbox"/> Express Mail® Service (Merchandise) | viii. <input type="checkbox"/> Registered COD Mail | | | |
| iii. <input type="checkbox"/> Registered Mail w/ Insurance | vi. <input type="checkbox"/> Express Mail Service (Document Reconstruction) | ix. <input type="checkbox"/> Express Mail COD Service | | | |
| 2. Postage Paid \$ | 3. Insurance Fee \$ | 4. Other Refundable Fees \$ | | | |
| 5. Reason for Claim Category (Check only one) | | | | | |
| a. <input type="checkbox"/> Article Not Delivered | c. <input type="checkbox"/> Some Contents Delivered | e. <input type="checkbox"/> All Contents Damaged | g. <input type="checkbox"/> No COD Remittance Received | | |
| b. <input type="checkbox"/> Container Only Delivered | d. <input type="checkbox"/> Some Contents Damaged | f. <input type="checkbox"/> Repair of Damaged Contents | h. <input type="checkbox"/> Delay of Express Mail Service Containing Non-Negotiable Documents | | |
| 6. If claim reason is for damage or loss of contents, was the wrapper/container/packaging and article presented? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate reason for damage (check one) and provide description on separate sheet. | | | | | |
| a. <input type="checkbox"/> Visible Damage | b. <input type="checkbox"/> Transported by Non-USPS® Carrier | c. <input type="checkbox"/> Damage Caused by USPS | d. <input type="checkbox"/> Damage not Caused by USPS | | |
| 7. Location of Damaged Article(s) (Enter city, state, ZIP + 4, and telephone no.) | a. (Check one) <input type="checkbox"/> Post Office <input type="checkbox"/> MRC <input type="checkbox"/> Discarded by Post Office | | | | |
| b. City | c. State | d. ZIP + 4 | e. Telephone No. (Include area code) | | |
| 8. Mailing Receipt Presented? (Important: Unnumbered Insured and Express Mail Service mailing receipts must be surrendered by the customer and retained in Post Office files) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 9. Evidence of Value for Article(s) Presented? (Attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. Proof of Insurance Verification | a. Mailing Receipt No. (Include all letters and numbers) | | b. ZIP + 4 Where Package Mailed | | |
| | c. COD No. (COD claims only, include all letters and numbers) | | d. Mailing Date ((MM/DD/YYYY) | | |
| 11. Local Adjudication | | | | | 12f. Round Date Stamp of Accepting Office |
| a. <input type="checkbox"/> Approved (Enter money order no., date, and amount): M.O. No.: _____ Date: _____ Amount: \$ _____ | | | | | |
| b. <input type="checkbox"/> Denied (Enter reason): | | | | | |
| 11c. Signature of Approval Authority | 12a. Signature of Employee Accepting Claim | 12b. Date (MM/DD/YYYY) | 12c. ZIP + 4 of Accepting Office | | |
| 11d. Date (MM/DD/YYYY) | 12d. Telephone Number (Include area code) | 12e. Finance Number and 4-Digit Unit ID | | | |

Postal Service Instructions — Post Office™ Where Claim Filed

Section A

Verify customer entries for accuracy in Section A against those on the original mailing receipt. On the back of the mailing receipt: (1) write "Claim Filed"; (2) round date stamp; (3) photocopy for your file; and (4) return to customer (except unnumbered insured and Express Mail® Service claims). Note: Original mailing receipts must be retained for unnumbered insured and Express Mail Service claims.

Section B

Complete items 1–10 and 12 of Section B **before the customer leaves**.

1. Enter the service category.
2. Enter postage paid.
3. Enter insurance fee paid.
4. Enter other refundable fees paid, (e.g., Delivery Confirmation™ Service fees, restricted delivery fees, or special handling fees).
5. Check the reason for the claim.
6. Damage or loss of contents: Indicate if the wrapper, container, packaging, and article are presented. If yes, check the reason for damage and attach a separate sheet that provides a complete description of the damage. If there is no visible damage to the container and damage could have occurred while in postal custody, provide explanation.
7. If the claim is for damage, indicate the location of the damaged article(s).
8. Verify if the mailing receipt was presented. For unnumbered insured and Express Mail Service claims, the original receipt must be retained in Post Office files.
9. Indicate if evidence of value was presented (attach copy).
10. Record the mailing receipt number and COD number (if applicable). For Registered™ COD Mail and Express Mail COD Service, record both numbers. Enter ZIP Code™ where article was mailed and mailing date. Do not enter the Delivery Confirmation Service number.
11. For locally adjudicated (unnumbered) claims: If claim is paid, enter money order number, date and amount (signature of approval is required). If claim is denied, enter reason for denial. In either case, the Form 1000 must be sent to the St. Louis Accounting Service Center.
12. Accepting office must: Sign claim form, enter the acceptance date, ZIP + 4®, telephone number, finance number and 4-digit unit ID number, and round date stamp.

Distribution of Form

Note: Mail claim forms to the Accounting Service Center **DAILY**.

| Part | Domestic Numbered Claims (Insured, Express Mail Service, Registered Mail with insurance, and COD) | Local Adjudicated Claims (Unnumbered Insured) | Registered Mail Inquiry (With no insurance) |
|------|--|---|---|
| 1 | With supporting documents, send to: CLAIMS SERVICING SECTION ACCOUNTING SERVICE CENTER PO BOX 80143 ST LOUIS MO 63180-0143 | After adjudication, send to: CLAIMS SERVICING SECTION ACCOUNTING SERVICE CENTER PO BOX 80143 ST LOUIS MO 63180-0143 | Filing instructions: POM, Section 812 Handbook DM-901, <i>Registered Mail</i> , Section 741. |
| 2 | Customer | Customer | Customer |
| 3 | Retain at: POST OFFICE ACCEPTING CLAIM | Retain at: POST OFFICE ACCEPTING CLAIM | Retain at: POST OFFICE ACCEPTING CLAIM |