



MyBermudaPost

"YOU SHOP... WE DELIVER"

CLAIM FORM

All claims must be submitted to MyBermuda Post within 30 days time. Failure to submit the completed Claim Form with supporting documentation within the time frame will result in denial of the claim. Our email provider will not support emails over 25MB in size. Please send multiple emails if your email size exceeds this limitation or we will not receive the email.

Special Note on Damage or Missing Item Claims:

A claim for damage or missing items requires photographs of the shipment and its packaging. Failure by the consignee to retain the original shipment and inner and outer packaging at the original delivery location, or the failure to provide photos of the items may invalidate the claim.

Steps to file a Cargo Claim

- 1) Complete the Claim Form and provide the MyBermuda Post Invoice for the shipment.
- 2) Gather all supporting documentation and check to be sure it is properly labeled. You will receive an email to confirm how to label each piece of supporting documentation. The documentation required is outlined and specified on the Claim Form and varies depending on the claim type (damage claims require additional items). Providing all the documents specified will allow for resolution of most claims within 4-6 weeks. However, MyBermuda Post reserves the right to ask for additional paperwork in certain circumstances. As an example, requests for Loss/Damage Cargo Claims must be submitted by the party that received the shipment; else written authorization from that party (termed a "release") is required.
- 3) Include photographs if the item is damaged or if items are missing. Photographs should include pictures of the item(s) themselves, as well as any internal and external packaging.
- 4) Review all documentation to ensure accuracy and completeness. Incomplete, inaccurate, or illegible documentation could delay your cargo claim and result in possible denial.
- 5) Submit the Claim Form and all supporting documents to MyBermuda Post for review. It is preferable to have the form filled out electronically. However, if this is not possible, please ensure writing is legible. If you require additional space to detail the items claimed, please attach separate sheet(s) as needed.

- The form should be emailed to support@mybermudapost.bm along with any requirements mentioned above.

When processing a claim, Bermuda Post follows the appropriate Terms and Conditions of Carriage as outlined by the courier. For more information, please visit <https://www.mybermudapost.bm/>

Claimant hereby acknowledges the Terms and Conditions listed above. (Signature required to process claim)

Claimant's Signature:	Suite Number:	Date:
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Waybill/Tracking Number	Date Shipped	Suite Number
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Who is Claiming

Claimant Name	Address	City, Country, Postal Code
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Consignee's Name	Address	City, Country, Postal Code
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Claim Information and checklist of documents needed

☐ **Lost** *(Shipment not delivered)*

☐ **Missing Contents** *(Shipment delivered with missing contents)*

All items below **must** be submitted to process the claim:

☐ Receipts showing the purchase value

☐ A list of exactly what is lost/missing as it is listed on the Proforma Invoice (see table below)

☐ Photographs of the packaging (please include both inner and outer packaging)

☐ Photographs of the Contents received

☐ **Damaged** *(Physical damage sustained to the contents of the shipment)*

All items below **must** be submitted to process the claim:

☐ Receipts showing the purchase price

☐ A list of exactly what is damaged as listed on the Proforma Invoice (see table below)

☐ Repair invoice

☐ If not repairable, a statement from a repair technician confirming the non-repairable condition.

☐ Photographs of the damaged item(s) and packaging (please include both inner and outer packaging)

Seller (as it was logged into your account)	Item description including serial numbers or identifying marks	Export description (as listed on the Proforma Invoice)	Number of Units Lost or Damaged	Declared Value (DV)	Claim Amount
					\$
					\$
					\$
					Merchandise Total \$
Additional Amounts Claimed and Comments (Please Specify)					Additional Amount \$
					Total Claim Amount \$

Claimant hereby certifies that the foregoing statement of facts is true and accurate.

Claimant's Contact Name (print):	Please check which applies Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3 rd Party <input type="checkbox"/>	Telephone Number:
E-Mail address:	Fax No:	
Claimant's Signature:	Date:	