

# ShipWorks Insurance

Powered by InsureShip

## Claims Information:

Date of Claim Filing: 10/07/16 Insurance Program ID: 34541

Policy Holder Name: Yi Fang Lin

Mailing Address: 11150 Arrow Rte Ste#F Rancho Cucamonga, CA 91730

Phone: 909-483-3400 Email: goemma100@aol.com

## Consignee Information:

Name of Company Shipping Product: Designer Central

Name Taylor Mailing Address: 101 N. Bolivar Ave Cleveland MS 38732

## Shipment Information:

Insured Value: \$200.0 Claim Amount: \$200

Ship Date: 09/26/16 Delivery / Arrival Date: Never delivered

Shipping Carrier: USPS - USPS Priority Tracking Number: 9405516901586542704076

Date Loss / Damage Discovered: 10/10/2016

Describe Shipment / Product: Tony Burch Leather Hobo

Number of Box : 1 Location of Item Now: DON'T KNOW

Describe Loss or Damage: Item (Package) never delivered to consignee.

Policy Holder Signature: 

*\*Fax completed claim form to (877) 859-5858 along with a copy of the invoice*