UPS-SCS Customer Cargo Claim Form

Press F1 on any field for help Claim Amount (specify currency):					OPS	
,	delivery [] Shortage 🗌	Damage		TM	
Date filed:			Claim Payable to:			
UPS Bill of Lading/Air Waybill No:			Company Name			
UPS Bill of Lading/Air Waybill date:			Address			
UPS Order No.:	Date:		City/Town & State & Country Zip / Postal Code			
Claimant Reference No.:	nant Reference No.: Confirmation Number					
Shipper			Consignee			
Address			Address			
City/Town & State & Country Zip / Postal Code			City/Town & State & Country Zip / Postal Code			
CLAIM MUST BE SUPPORTED BY A DETAI INCLUDE A COMPLETE DESCRIPTION OF section, use an additional claim form to be Detailed Merchandise Description	LOST ITEM	S; SIZE, COLO	DR, MARKINGS, ET sion of this claim for Total Merchandise	C. (If more roo orm.) Weight per		
			_			
Total of Claimed Merchandise						
Any additional claimed amount	I	ı		Specify Rea	son	
TOTAL OF CLAIM	OTAL OF CLAIM Currency					
Package type: Cartons Pallets Cr Was the merchandise: New Used Do you have your own Marine/Cargo Insurance Did you purchase Cargo Insurance through S Did you purchase Declared Value with UPS?		e?	Goods packed by No If yes, list nam No If yes, give ins No If yes, give de	ne of Insurance sured value am	Carrier:	
NOTE: Claim should be supported by follow for denial of your claim and may delay condocuments not listed below. UPS Bill of Lading/Air Waybill reference Commercial invoice(s) for entire shipmed Packing list for entire shipment with the Signed Proof of Delivery (POD) from Commercial invoice (s) for entire shipment with the Signed Proof of Delivery (POD) from Commercial invoice (s) for entire shipment if survey/inspection report if survey/inspecti	clusion of the clusion of the clusion of the cluster of the cluste	the cost of the ach individual it applicable, or of ence pertaining d a certificate v	goods being sold by em in the claimed shifter delivery document to the shipment was issued	to request an Claimant to er nipment ent	y additional	
Claimant's Company Name:			Tel No.:			
Claimant's Contact Name (print):			E-Mail:			
Claimant's Signature:			Date:	Fax N	O:	

Mail Claim to: UPS Cargo Claims Department, 35 Glenlake Parkway, Suite 320, Atlanta, GA 30328.

Phone No.: 866-746-2404/ 404-828-3404 Fax No.: 800-379-9084/ 404-828-3084 Email: upscargoclaims@ups.com

UPS Customer Cargo Claim Form



TERMS AND CONDITIONS

All services are subject to applicable Terms & Conditions of service, which appear in the shipping documents pertaining to your shipment. Said Terms & Conditions include, but are not limited to, liability limitations and claim filing requirements.

CLAIM FILING HELPFUL HINTS

- 1. At time of Receipt of a shipment, the receiver needs to count and note any outside signs of damage to the cargo.
- 2. Any irregularities must be clearly noted on the delivery receipt and/or electronic device. The UPS SCS local Operations must be notified immediately as outlined on the UPS SCS terms and conditions.
- 3. All packaging material must be retained until conclusion of the claim.
- 4. If possible, take photographs of the noted irregularities.
- 5. You should protect cargo from any additional loss or damage in order to minimize the loss. It is your responsibility to mitigate your loss to the lowest value.
- 6. No loss or damage claim will be processed until all transportation charges have been paid. The amount of a claim may not be deducted from transportation charges.

General Limits of Liability

For more detailed information, see applicable Terms & Conditions on the website at www.ups-scs.com.