## UPS Air Freight Guaranteed Service Claim Form



## Press F1 on any field for help

Refund Amount (	(specify currency):	

Date filed:		Claim Payable To Payer Only:	
UPS Bill of Lading/Air Waybill No:		Company Name	
UPS Bill of Lading/Air Waybill date:		Address	
Customer Reference No.:	Customer Account No.:	City/Town & State & Country	Zip / Postal Code

## CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT

Description of Claim:		

## NOTE: Claim should be supported by following documents. Failure to include sufficient documentation may be grounds for denial of your claim and may delay conclusion of the claim. UPS reserves the right to request any additional documents not listed below.

Invoice number to which the refund request relates

Check number and check name on which the customer's payment was made, if applicable;

Copy of Air Waybill, bill of lading or shipping manifest;

Party filing claim is: Shipper Consignee Debtor/Payee

Fill in the appropriate box with contact information:

Shipper		Consignee
Address		Address
City/Town & State & Country	Zip / Postal Code	City/Town & State & Country Zip / Postal Code

3 <sup>rd</sup> Party	
Address	
City/Town & State & Country	

The statements contained in this claim form are he	ereby certified as true and correct	i.	
Claimant's Company Name:	Tel No.:		
Claimant's Contact Name (print):	E-Mail:		
Claimant's Signature:	Date:	Fax No:	

Mail Claim to: UPS Air Freight, Cargo Claims, Room 3102, Hopewell centre,183 Queen's Road East, Wanchai, Hong Kong Phone No.: 852-2131-8801 Email: <u>UPSAPACclaims@ups.com</u>

	INTERNAL USE ONLY	
CLAIM APPROVED:	AMOUNT APPROVED: \$	CLAIM DENIED:
APPROVAL SIGNATURE:		DATE:

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