## **UPS Freight**<sup>™</sup>

Cargo Claims Department P O Box 1216 Richmond, VA 23218-1216 FAX # (866) 580-1944



CARGO LOSS & DAMAGE CLAIM SUBMITTED BY						
Claimant Name		Claimant Claim No.		Date Prepared		
Address		UPS Freight Pro Number		Claim Type: Shortage		_ Damage
City, State, Zip		Contact Name		Phone Number (ext)		
Remit Address (if different from above)						
CLAIM IS MADE WITH UPS FREIGHT ON THE FOLLOWING DESCRIBED SHIPMENT						
Consignee			City, State & Zip			
Shipper			City, State & Zip	ity, State & Zip		
DETAILS OF CLAIM TO SHOW HOW CLAIM AMOUNT IS DETERMINED						
# Items	Description/Part #				Weight	Amount
						\$
						\$
						\$
						\$
						\$
				Freight Charges	\$	
Use separate page if additional room is needed				TOTAL	\$	
DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM						
SHORTAGE	:	DAMAGE:				
<ul><li>Copy of freight bill</li><li>Original invoice or certified copy showing prices</li></ul>			<ul> <li>Copy of freight bill</li> <li>Carrier's inspection report (if completed)</li> <li>Original invoice or certified copy showing prices</li> <li>Repair bill or certified copy (if repaired) showing material used &amp; labor rate per hour</li> <li>Additional documents (photos, statements, etc.)</li> </ul>			

## **NOTE:**

To expedite the handling of your claim, please include the above mentioned documents as your claim <u>WILL NOT BE PROCESSED</u> until properly supported. Retain all damaged goods until the claim is concluded. Claims will not be accepted via e-mail. Do not fax pictures when faxing your claim, send separately referencing the UPS Freight pro number. If your claim is in regards to a package that begins with a 1Z tracking number, you cannot use this form. Please visit ups.com or call 1-800-Pick-UPS for information regarding your small package claim.

□ Waiver of Inspection form (if completed)