

UPS Freight
 Cargo Claims Department
 P.O. Box 1216
 Richmond, VA 23218-1216
 Fax: 866-580-1944



CARGO LOSS & DAMAGE CLAIM

Claimant Name (Payable to):	Claimant Reference Number:	Date Prepared:
Mailing Address:	UPS Freight Pro Number:	Claim Type: ___ Shortage ___ Damage
City, State, Zip:	Contact Name:	Contact E-mail Address:
Remit to address (if different than above):		Contact Phone Number:

CLAIM IS MADE WITH UPS FREIGHT ON THE FOLLOWING DESCRIBED SHIPMENT

Consignee	City, State & Zip
Shipper	City, State & Zip

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED

Quantity	Description/Part #	Weight Per Item	Price Per Item	Extended Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			Total Claimed Amount:	\$

DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM

- Original invoice or certified copy showing prices
- Repair bill or certified copy (if repaired) showing material used & labor rate per hour
- Additional documents (photos, statements, etc.) Do not fax pictures – please send separately referencing pro number
- Weight of item(s) claimed

NOTE:
 To expedite the handling of your claim, please include the above mentioned documents as your claim **WILL NOT BE PROCESSED** until properly supported. **Retain all damaged goods until the claim is concluded.**

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.

All claims must be filed no more than 9 months from date of delivery.

CLAIMS FILED AFTER THIS PERIOD WILL NOT BE ACCEPTED