

**UPS Air Cargo
Service Failure Claim Form**



Press F1 on any field for help

Adjustment Amount (specify currency): _____

Date filed:		Claim Payable To:	
UPS Air Cargo Master Air Waybill No:		Company Name	
Ship Date:		Address	
Customer Reference No.:	Customer Account No.:	City/Town & State & Country	Zip / Postal Code

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

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.

- Priority Confirmation Letter (*Excluding Europe & Asia*)
- Master Air Waybill referenced above
- Other documents to support claim:**

Remarks:
_____ _____

The statements contained in this claim form are hereby certified as true and correct.

Claimant's Company Name:	Tel No.:
Claimant's Contact Name (print):	E-Mail:
Claimant's Signature:	Date: Fax No:

**Mail Claim to: United Parcel Service, Cargo Claims Department, 12380 Morris Road 5th Floor, Alpharetta, GA 30005
Phone No.: 866-746-2404 Fax No.: 800-379-9084 Email: UPSairclaims@ups.com**