

FORMAL NOTICE OF CLAIM TO CARRIERS/SUB-CONTRACTORS



Date: _____
Contact Name: _____
Carrier's Name: _____
Carrier's Address: _____
Carrier's State/Zip: _____

Acknowledge claim to:
UPS Cargo Claims Department
35 Glenlake Parkway NE,
Suite 140, Atlanta, GA 30328, USA.
Phone: 866-746-2404 Fax: 800-379-9084
Email: upsemeaclaims@ups.com
upscargoclaims@ups.com
upssubroclaims@ups.com

RE: Claim amount (specify currency): _____
UPS B/L or AWB Number: _____
MB/L or MAWB Number: _____
Date of Shipment: _____
Origin: _____
Destination: _____
UPS SCS Reference Number: _____
Customer Reference Number: _____

Dear Sir or Madam:

The purpose of this letter is to formally put you on notice that our customer suffered a loss on the above referenced shipment. Preliminary investigation reveals the following:

Commodity: _____
Description of Claim: _____
Amount Claimed: _____
(If unknown insert the full value)
Weight of Shipment _____
(Portion lost or damaged)
Number of Pieces: _____
(Portion lost or damaged)

We are holding you responsible and this is our formal claim notice. We reserve the right to amend this notice of claim once more complete details of the loss are ascertained through further investigation. Our failure to deal with this claim in detail at this stage is not to be construed as a waiver of our rights.

Please acknowledge to us in writing, at the address above, your receipt of this formal claim notification.

Sincerely,

UPS Supply Chain Services
Contact Name: _____
Phone: _____
Fax: _____

Carrier Acknowledgement and Date:
