

**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 rd Party
Address
City/Town & State & Country

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: UPS Air Freight, Cargo Claims, 9/F, 100 Texaco Road Tsuen Wan, N.T. Hong Kong
Phone No.: 852-2942-5174 Fax: 852-2942-5770 Email: UPSAPACclaims@ups.com

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