

# UPS SCS Express Critical Cargo Claim Form



Press F1 on any field for help

Claim Amount (specify currency): \_\_\_\_\_

Is hereby filed for (check one):  Non delivery  Shortage  Damage

Date filed:		<b>Claim Payable to:</b>	
UPS Air Cargo Master Air Waybill No:		Company Name	
House Air Waybill No:	Date:	Address	
		City/Town & State & Country Zip / Postal Code	
Claimant Reference No.:	Confirmation Number :		

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

**CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS DETERMINED. INCLUDE A COMPLETE DESCRIPTION OF LOST ITEMS; SIZE, COLOR, MARKINGS, ETC. (If more room is needed in this section, use an additional claim form to be included with the submission of this claim form.)**

Detailed Merchandise Description	Quantity	Merchandise Cost Each Unit	Total Merchandise Cost	Weight per Unit (kg or lb)	Total Weight of Merchandise (kg or lb)
<b>Total of Claimed Merchandise</b>					
<b>Any additional claimed amount</b>				<b>Specify Reason</b>	
<b>TOTAL OF CLAIM</b>	<b>Currency</b>				

Package type:  Cartons  Pallets  Crates Other: \_\_\_\_\_ Goods packed by:  Shipper  UPS SCS

Was the merchandise: New  Used

Do you have your own Marine/Cargo Insurance Coverage?  Yes  No If yes, list name of Insurance Carrier: \_\_\_\_\_

Did you purchase Marine/Cargo Insurance through UPS Air Cargo?  Yes  No If yes, give insured value amount: \_\_\_\_\_

**NOTE: Claim should be supported by following documents, if available. 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.**

- UPS Air Cargo Master Air Waybill referenced above
- House Air Waybill referenced above
- Commercial invoice(s) for entire shipment showing the cost of the goods being sold by Claimant to end Consignee
- Packing list for entire shipment with the weight of each individual item in the claimed shipment
- Signed Proof of Delivery (POD) from Consignee if applicable, or other delivery document
- Survey/Inspection report if survey/inspection held
- Pictures of damaged product if available
- Repair estimate, if available
- 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: UPS Cargo Claims Department - 35 Glenlake Parkway Ste-120 - Atlanta, GA 30328**  
**Phone No.: 866-746-2404 Fax: 855-331-1168 Email: [upscargoclaims@ups.com](mailto:upscargoclaims@ups.com)**



## TERMS AND CONDITIONS

All services are subject to applicable Terms & Conditions of service, which are available for review on the website at <https://www.ups-scs.com/tools/terms.html> Said Terms & Conditions include, but are not limited to, liability limitations and claim filing requirements.

## CLAIM FILING HELPFUL HINTS

1. At time of receipt of a shipment, the receiver needs to count and note any outside signs of damage/shortage to the cargo.
2. Any irregularities must be clearly noted on the delivery receipt and/or electronic device. The UPS SCS local Operations must be notified immediately as outlined on the UPS SCS terms and conditions.
3. All packaging material must be retained until conclusion of the claim.
4. If possible, take photographs of the noted irregularities/actual damage to goods and packaging material.
5. Cargo must be protected from any additional loss or damage in order to minimize the loss. It is the responsibility of the claimant to mitigate the loss to the lowest value.
6. No loss or damage claim will be processed until all transportation charges have been paid. The amount of a claim may not be deducted from transportation charges.