

**UPS Air Freight –  
UPS SCS Guaranteed Service Claim Form**



Press F1 on any field for help

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

Date filed:		<b>Claim Payable To Payer Only:</b>	
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**

<b>Description of Claim:</b>

**NOTE: Claim should be supported by following documents**

Copy of Air Waybill, bill of lading or shipping manifest/ or valid UPS Bill of Lading Number

**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 listed below.**

Invoice number to which the refund request relates **if applicable;** \_\_\_\_\_

Check number and check name on which the customer’s payment was made, **if applicable;**  
\_\_\_\_\_

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 <sup>rd</sup> 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 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)**

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