

UPS SCS Internal Warehouse Claim Form

Mail Claim to:

UPS APAC Cargo Claims Department
 Unit 1907-13 & 15, 19/F, The Octagon,
 No.6, Sha Tsui Road, Tsuen Wan, New
 Territories, Hong Kong.
 Phone: 852-2942-5273
 Email: UPSAPACclaims@UPS.com
www.ups-scs.com



Date filed:

Claimant's Claim No: _____

UPS SCS Order No.: _____ Date: _____
 Customer Reference: _____ Date: _____

Type of package: Yes No

Goods packed by: Shipper UPS SCS

Claim Payable to:
Name
Street & No. or P.O. Box No.
City/Town/State/Country/Territory or Postal Code

What type of loss is this?	<input type="checkbox"/> Damage	<input type="checkbox"/> Missing	<input type="checkbox"/> Shortage	<input type="checkbox"/> Theft	<input type="checkbox"/> Negligence
Was a warehouse Receipt issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a separate WHS agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Commodity and piece or weight count damaged					
Describe the loss and extend of damage					
How did loss occur and who is responsible?					

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.

- Customer Formal Claim Statement
- Commercial invoice
- Inventory List
- Inbound and Outbound Delivery Receipt(s)
- SCS Warehouse Receipt
- Existing Contract with UPS SCS Customer
- If Cargo was damaged, attach damage report or any receipts with exceptions noted.
- If Cargo was loss or stolen, attach police report or any receipts with exceptions noted.

Please note, we may request additional documentation as necessary.

SCS Station or Center number: _____
 Address: _____
 Contact Name: _____
 Phone / Fax: _____

If you are submitting a warehouse payment request please provide the applicable signature below with the signed settlement and release from the Clamant:

UPS SCS Manager _____
 Signature _____

This form is for UPS SCS internal purposes only