



UPS Customer Service  
P.O. BOX 1977  
Scranton PA 18501

January 31, 2023  
Shipper 9WE460  
Page 1 of 3

## DAMAGE/LOSS NOTIFICATION



69760500000622  
AB 01 000251 60517 H 2 A  
|||||

E & E CO LTD / KOHLS  
221 HANSON WAY  
WOODLAND CA 95776-6211

Dear Customer:

We regret that your shipment with UPS was lost or damaged. In order to expedite the processing of a claim, please **promptly submit the required information listed below.**

Please note that if you have already submitted the required information, you may disregard this notice. If necessary, UPS will contact you for any additional information.

### Documents required to support a claim:

1. **Request for Claim Payment Form:** Enter the lesser of the actual cost, replacement cost if the merchandise can be replaced, or repair cost if the merchandise can be repaired, and transportation charges.
2. **Merchandise Value:** Provide a copy of the original invoice. If the original invoice is not available, you must provide other proof, certified in writing, sufficient to identify the package contents and to substantiate the lesser of the actual cost, replacement cost, or repair cost of the merchandise.
3. **Shipping Record:** Provide a copy of the shipping record for the package.

**Navigate to the Claims Dashboard using the links below to complete the Claim Payment Form online.**

- Access the claim from the claims dashboard  
[https://www.ups.com/claims?loc=en\\_US](https://www.ups.com/claims?loc=en_US)

- For claims not located in your claims dashboard  
[https://www.ups.com/claimdocs?loc=en\\_US](https://www.ups.com/claimdocs?loc=en_US)

We apologize for any inconvenience this may have caused. We strive to provide quality service and look forward to serving you in the future. If the required documents are not timely received by UPS, your claim may be denied.

**UPS Customer Service**





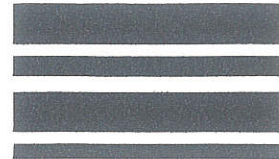
**DAMAGE/LOSS NOTIFICATION**

**INQUIRY FROM:** E & E CO LTD / KOHLS  
221 HANSON WAY  
WOODLAND CA 95776-6211

<b>SHIPMENT TO:</b>		<b>KERRY SWINNEY</b>	
		<b>1695 ATLANTIC WAY</b>	
		<b>SPARKS NV 89434</b>	
Shipper Number.....	9WE460	Pickup Date.....	01/18/23
Number of Parcels.....	1	Weight.....	15 LBS
Tracking Identification Number... 1Z9WE4600304066690			
Merchandise.....comforter set with sheets and two pillpws			

**WE HAVE BEEN UNABLE TO PROVIDE SATISFACTORY PROOF OF DELIVERY FOR THE ABOVE SHIPMENT. WE APOLOGIZE FOR THE INCONVENIENCE THIS CAUSES.**





### REQUEST FOR CLAIM PAYMENT

Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. Include your transportation charges. For reference, this claim is identified by **Claim Number 4621302401A**, and **Shipper Number 9WE460**.

<b>SHIPMENT TO: KERRY SWINNEY 1695 ATLANTIC WAY SPARKS NV 89434</b>		
Shipper Number.....9WE460	Pickup Date.....01/18/23	
Number of Parcels.....1	Weight.....15 LBS	
Tracking Identification Number...1Z9WE4600304066690		
Merchandise.....comforter set with sheets and two pillowcases		
Could this merchandise be replaced for your customer?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If damaged, is the merchandise repairable?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If damaged, UPS may issue a Recovery Call Tag to take possession of the merchandise.		
Quantity	Merchandise Description	Specify Dollar Amount and Indicate Whether Actual, Replacement or Repair Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
Transportation Charges:		_____
Total Amount Requested:		_____
Please provide a contact name and telephone number in the event further communication is necessary.		
CONTACT NAME:		PHONE:
Please provide any additional Tracking Number(s) for the above shipment:		
Tracking Number(s):		

Claim documentation is no longer accepted via mail or fax.  
Please upload your documentation using the links provided on page 1 to access Claims on ups.com.

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