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

DAMAGE/LOSS NOTIFICATION

69768300000609
AB 01 000209 86954 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

- For claims not located in your claims dashboard
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

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

SHIPMENT TO: JULIANA SALINAS
3020 FAIRWAYS DR
HOMESTEAD FL 33035

Shipper Number	9WE460	Pickup Date	12/15/22
Number of Parcels	1	Weight	9 LBS
Shipper Reference Number	6316979660_1		
Tracking Identification Number	1Z9WE4600310828686		
Merchandise	1 OF 1 UNKNOWN		

THE PACKAGE DESCRIBED ABOVE WAS DAMAGED. WE APOLOGIZE FOR THE INCONVENIENCE THIS CAUSES.

The complete contents have been discarded.

T890NTFM:000A0000
LDI 16

[redacted]

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 46731381**, and **Shipper Number 9WE460.**

SHIPMENT TO: **JULIANA SALINAS**
3020 FAIRWAYS DR
HOMESTEAD FL 33035

Shipper Number.....9WE460
Number of Parcels.....1
Shipper Reference Number.....6316979660_1
Tracking Identification Number...1Z9WE4600310828686
Merchandise.....1 OF 1 UNKNOWN

Pickup Date.....12/15/22
Weight.....9 LBS

Could this merchandise be replaced for your customer? Yes ___ No ___
If damaged, is the merchandise repairable? Yes ___ No ___
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.

T890NTFM:000A0000

LDI 16

AAY13HVH01

DAMAGE/LOSS NOTIFICATION

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

SHIPMENT TO: **SUSAN DAMICO**
7210 MAMOUTH ST
ENGLEWOOD FL 34224

Shipper Number	9WE460	Pickup Date	12/15/22
Number of Parcels	1	Weight	9 LBS
Shipper Reference Number	6317157070_1		
Tracking Identification Number	1Z9WE4600397351359		
Merchandise	1 OF 1 UNKNOWN		

THE PACKAGE DESCRIBED ABOVE WAS DAMAGED. WE APOLOGIZE FOR THE INCONVENIENCE THIS CAUSES.

The complete contents have been discarded.

T890NTFM:000A0000

LDI 16

[redacted]

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 46731382**, and **Shipper Number 9WE460.**

SHIPMENT TO: **SUSAN DAMICO**
7210 MAMOUTH ST
ENGLEWOOD FL 34224

Shipper Number.....9WE460
Number of Parcels.....1
Shipper Reference Number.....6317157070_1
Tracking Identification Number...1Z9WE4600397351359
Merchandise.....1 OF 1 UNKNOWN

Pickup Date.....12/15/22
Weight.....9 LBS

Could this merchandise be replaced for your customer? Yes ___ No ___
If damaged, is the merchandise repairable? Yes ___ No ___
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.

T890NTFM:000A0000

LDI 16

AAY13HVJ01