



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		

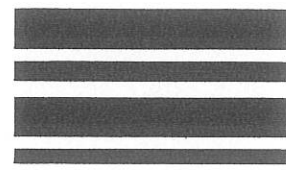
THE PACKAGE DESCRIBED ABOVE WAS DAMAGED. WE APOLOGIZE FOR THE INCONVENIENCE THIS CAUSES.

The complete contents have been discarded.

T890NTFM:000A0000

LDI 16





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	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		
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.

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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		

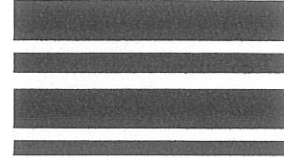
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LDI 16





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	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		
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.

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