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.

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

ATTN : Amanda Inmann
PHONE : (912)963-9993

DAMAGE/LOSS NOTIFICATION

INQUIRY FROM:
Amanda Inmann
Amanda Inmann
100 Clyde Alexander Lane
POOLER GA 31322

SHIPMENT TO:
MONTIEL, CRISTIAN
MONTIEL, CRISTIAN
1337 CHENILLE CIR
WESTON FL 33327

Shipper Number.....**1X780R**
Pickup Date.....**09/25/23**
Number of Parcels.....**1**
Weight.....**39 LBS**
Tracking Identification Number...**1Z1X780R0396333081**
Merchandise.....**DINING CHAIR SET OF 2*Canteberry Dining Chair Madison Park*MP108-1060**086569412591*no replacement h**

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

[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. For future reference, this claim is identified by **Claim Number 5096854001A**, and **Shipper Number 1X780R.**

SHIPMENT TO: **MONTIEL, CRISTIAN**
MONTIEL, CRISTIAN
1337 CHENILLE CIR
WESTON FL 33327

Shipper Number.....**1X780R**
Number of Parcels.....**1**
Tracking Identification Number...**1Z1X780R0396333081**
Merchandise.....**DINING CHAIR SET OF 2*Canteberry Dining Chair Madison Park*MP108-1060**086569412591*no replacement h**
Pickup Date.....**09/25/23**
Weight.....**39 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

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.