

Parcel Pro[®] Select Claim Form

CLAIM FORM

Complete this CLAIM FORM as your cover page and submit it along with the following claim documentation:

- 1) The sales invoice for the merchandise
- 2) Notification of the loss or damage to the transportation carrier
- 3) Transportation charge invoice (if applicable). If the shipment is received damaged or with contents missing, please also attach photos of:
 - a) The shipment (affected packages)
 - b) The internal packaging materials
 - c) The merchandise (if available)
 - d) Repair estimate (if applicable)

CLAIM INFORMATION

Shipper Name:

Shipper Number:

Pick-Up Date:

Policy Number (If available):

Account of Claimant you want payment sent to:

IBAN:

BIC / SWIFT:

Package Status (check all that apply):

Lost Damage Missing Contents

Transportation Carrier:

Tracking Number / Bill of Lading Number:

Merchandise Description & Quantity:

Merchandise Condition (New or Used):

Insurable Value:

Weight:

Total Sales Invoice Amount:

Claimed Sales Invoice Amount:

Claimed Shipping Amount:

Total Amount of Claim:

Current Location of Package:

Shipper Destination Unknown

Claimant's Contact Name:

Telephone Number:

Contact E-Mail Address:

Tell us what happened. Include packaging description:

Destination Contact, Address, E-Mail Address and Phone Number:

Parcel Pro® Select Claim Form

The information provided is correct to the best of my knowledge.

Signature: _____

Date: _____

You must submit all of the following documents. Please tick the boxes to confirm:

- Commercial Invoice of Sale
- Tracking Label or Bill of Lading
- Proof of Notification or Loss to the Carrier

NOTE:

No claims for loss or damage shall be valid unless the package, inner cartons, packing and contents have been preserved and made available for inspection by us or the Insurer. All claims are subject to the latest version of the Parcel Pro® Select Terms and Conditions you accepted. To expedite your claim payment request, send the completed claim form as a cover page along with the above mentioned required documents by e-mail to: riskolutionsuk@ups.com.

STEPS TO FILE A CLAIM

1. You should retain all available damaged product, box and packing materials in the event an inspection or survey becomes necessary. You should also take any necessary steps to reduce or prevent further loss of the goods.
2. For claims on UPS® Small Package shipments, submitting your claim form to us will satisfy the requirement to put the transportation carrier on notice. For all other claims, promptly notify the transportation carrier in writing that there was an issue with the shipment.
3. Promptly file your claim and supporting documents with us by email at riskolutionsuk@ups.com immediately after putting the transportation carrier on notice. You will receive a written acknowledgment of claim receipt by email. In the event that you do not hear from our office within 5 business days of submitting your claim, feel free to call us at: +44 2079 4901 44 to confirm receipt.

UPS Capital Insurance Agency Limited is registered with Companies House, the Registrar of Companies for England and Wales, with UK establishment number 11641767.

UPS Capital Insurance Agency Limited's registered office address is UPS House, Forest Road, Feltham, Middlesex, TW13 7DY, United Kingdom.

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