

CUSTOMIZED DECLARED VALUE CLAIM FORM

Complete this CLAIM FORM as your cover page and submit it along with your claim documentation to UPS c/o UPS Capital HK Ltd. at UPSiCDVclaimsCN@ups.com. If package is received damaged or with contents missing, please attach 3 photos of 1) the package, 2) the internal packaging materials, and 3) the merchandise (if available).

Claim Information			
Shipper	Shipper Number	Pick-Up Date	
Name			
Account you want payment sent to:	IBAN	BIC / SWIFT	
Package Status (check all that apply): Le	ost Damage	Missing Contents	
Transportation Carrier	Tracking Nu	umber / Bill of Lading Number	
Merchandise Description and Quantity			
Merchandise Condition (New or Used)	Declared Value	Weight	
Total Sales Invoice Amount	Claimed Sales Invoice Amou	unt Claimed Shipping Amount	
Total Amount of Claim			
Current Location of Package	Shipper Destin	ation Unknown	
Claimant' s Contact Name	Phone	Contact E-Mail Address	
Comments/Detailed Packaging Description:			
Destination Contact, Address, Email Addres	ss and Phone Number:		
The information provided is correct to the knowledge.	best of my		
Signature and Company Stamp (if require	ed) Dat	ie	
Required Supporting Documents	Commercial Invoice of Sale		
NOTE: No claims for loss or damage sha made available for inspection by UPS.	Il be valid unless the package, i	nner cartons, packing and contents have been pre-	served and

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