

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 UPSC (Thailand) Limited at operationsupscth@ups.com, and contact UPS c/o UPSC(Thailand) Limited with any questions at operationsupscth@ups.com / +66 2117 5766. If package is received damaged or with contents missing, please attach 3 photos of 1) the package 2) the internal packaging materials and 3) merchandise (if available).

Claim Information		
Shipper Name	Shipper Number	Pick-Up Date
Account you want payment sent to:	IBAN	BIC / SWIFT
Package Status (check all that apply): Lost	Damage	Missing Contents
Transportation Carrier	Tracking Number	er / Bill of Lading Number
Merchandise Description and Quantity		
Merchandise Condition (New or Used)	Declared Value	Weight
Total Sales Invoice Amount	Claimed Sales Invoice Amount	Claimed Shipping Amount
Total Amount of Claim		
Current Location of Package	oper Destination	Unknown
Claimant' s Contact Name	Phone	Contact E-Mail Address
Comments/Detailed Packaging Description:		
Destination Contact, Address, Email Address a	and Phone Number:	
The information provided is correct to the be knowledge.	st of my	
Signature and Company Stamp (if required)	Date	
Required Supporting Documents	Commercial Invoice of Sale	
NOTE: No claims for loss or damage shall b made available for inspection by UPS.	e valid unless the package, inner o	cartons, packing and contents have been preserved and

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