

**UPS Air Cargo  
Service Failure Claim Form**



Press F1 on any field for help

Adjustment Amount (specify currency): \_\_\_\_\_

Date filed:		<b>Claim Payable To:</b>
UPS Air Cargo Master Air Waybill No:		Company Name
Ship Date:		Address
Customer Reference No.:	Customer Account No.:	City/Town/State/Country/Territory Zip / Postal Code

Shipper
Address
City/Town/State/Country/Territory Zip / Postal Code

<b>Description of Claim:</b>
_____
_____
_____
_____
_____
_____

**NOTE: Claim should be supported by following documents. Failure to include sufficient documentation may be grounds for denial of your claim and may delay conclusion of the claim. UPS reserves the right to request any additional documents not listed below.**

- Priority Confirmation Letter (*Excluding Europe & Asia*)
- Master Air Waybill referenced above
- Other documents to support claim:**

<b>Remarks:</b>
_____
_____

The statements contained in this claim form are hereby certified as true and correct.

Claimant's Company Name:	Tel No.:
Claimant's Contact Name (print):	E-Mail:
Claimant's Signature:	Date: Fax No:

**Mail Claim to: UPS Cargo Claims Department, 35 Glenlake Parkway, Suite 120, Atlanta, GA 30328**  
 Phone No.: 866-746-2404 / 404-828-3404 Fax: 800-379-9084 / 404-828-3084 Email: [upsairclaims@ups.com](mailto:upsairclaims@ups.com)