



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 : Michael Bishop
PHONE : (517)321-4144

DAMAGE/LOSS NOTIFICATION

SHIPMENT FROM: Michael Bishop
Labor Law Poster
6323 W. Saginaw Hwy Ste E, SUI
LANSING MI 48917

SHIPMENT TO: LORRAYNE KIRBY
PALM BEACH STATE COLLEGE
4200 S CONGRESS AVE MAIL STATI
LAKE WORTH FL 33461

Shipper Number.....	5A282E	Pickup Date.....	09/21/23
Number of Parcels.....	1	Weight.....	2 LBS
Shipper Reference Number.....	Order #2524648	Tracking Identification Number...	1Z5A282E0394135086
Merchandise.....	28 OF 28 OUR CUSTOMER CALLED US TO TELL US THEIR PACKAGE ARRIVED		

THE PACKAGE DESCRIBED ABOVE WAS DAMAGED. WE APOLOGIZE FOR THE INCONVENIENCE THIS CAUSES.

The complete contents have been returned to you.



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 50648120**, and **Shipper Number 5A282E**.

SHIPMENT TO: LORRAYNE KIRBY PALM BEACH STATE COLLEGE 4200 S CONGRESS AVE MAIL STATI LAKE WORTH FL 33461		
Shipper Number..... 5A282E	Pickup Date..... 09/21/23	
Number of Parcels..... 1	Weight..... 2 LBS	
Shipper Reference Number..... Order #2524648	Tracking Identification Number... 1Z5A282E0394135086	
Merchandise..... 28 OF 28 OUR CUSTOMER CALLED US TO TELL US THEIR PACKAGE ARRIVE		
Could this merchandise be replaced for your customer? Yes <input type="checkbox"/> No <input type="checkbox"/> If damaged, is the merchandise repairable? Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

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