



CLAIM FORM

Complete this CLAIM FORM as your cover page and submit it along with your claim documentation. If you need assistance with completing this claim form, feel free to contact us at the email address or phone number provided above. 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 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 / 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? Shipper Destination Unknown

Claimant's Contact Name _____ Tel No. _____ Contact E-Mail Address _____

Comments/Detailed Packaging Description: _____

Destination Contact, Address, Email Address and Phone Number: _____

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

Signature and Company Stamp (if required) _____ Date _____

Required Supporting Documents: **Commercial Invoice of Sale**

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 UPSC Thailand Limited.

Insurance coverage is provided under a policy issued by an authorized insurance company to Parcel Pro, Inc. Terms, restrictions and conditions apply. Please speak to a sales representative for more details.

All personal data collected hereunder shall be processed in accordance with the UPS Capital Privacy Notice available at <https://upscapital.com/th-en/>.