



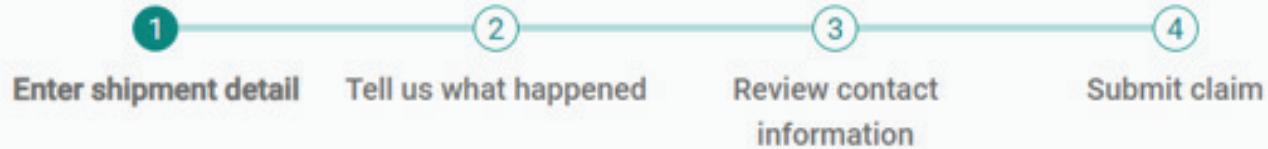
Customer Claims Tutorial

HOW TO FILE A CLAIM THROUGH UPS CAPITAL

Follow the link below

<https://online.upscapital.com/ZG9ybXJvb2ltb3ZlcnNnbA>

File a Claim | Claims Help



* Required fields

Enter Shipment Detail ⓘ



I have read and agree to the [UPS Capital Privacy Notice](#) and the [UPS Capital Technology Agreement](#) and understand that the Technology Agreement contains important terms about my use of UPS Capital Technologies and UPS Capital's limitations of liability. I also authorize UPS Capital to send communications regarding my insurance policy to me at the email address I provided to UPS Capital. *

Transportation Carrier*

Transportation Carrier *
UPS



Tracking Number or Bill of Lading*

Tracking Number or Bill of Lading *
1ZSAMPLE123456789



Input your UPS
tracking number
(it will start with 1Z)

What is your role for this shipment?*

Select
**I am the
recipient**



- ☐ I am the sender
- ☒ I am the recipient
- ☐ I am a 3rd party

Address Details

Enter
**Dorm Room
Movers**
as the sender



↑ Sender Information*

Company or Name *

City * SCOTTSDALE State/Province AZ

Country * United States

These items will
auto fill once
you input your
tracking number



↓ Recipient Information*

Company or Name *

City * SKOKIE State/Province IL

Country * United States



Enter
Your Name
as the receiver

These items will
auto fill once
you input your
tracking number

Shipping Details

Shipment Details*

Ship Date *

11/19/2020



Tracking # / BOL

1Z73X23A439855

These items will
auto fill once
you input your
tracking number →

Reference Number (Optional)

Your Reference # (optional)

← These items
purely optional
for your reference

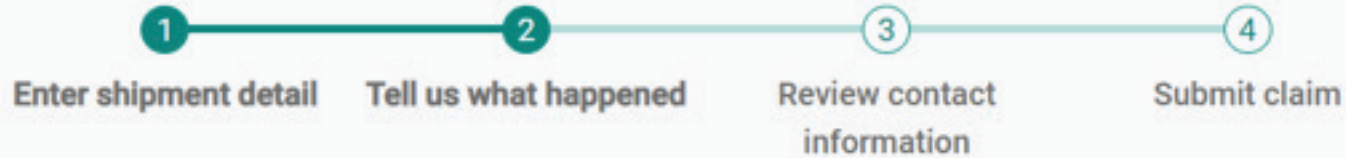
Max Character: 24

Cancel

Continue

← Click
Continue

[File a Claim](#) | [Claims Help](#)



* Required fields

Tell Us What Happened

Select the reason for your claim*

- ☐ Loss
- ☐ Damage
- ☐ Missing Contents
- ☐ Late Delivery

Select the reason
for your claim →

← **DO NOT SELECT
LATE DELIVERY**

This is not covered
by insurance

Describe the Merchandise

You can only select one category from the drop down

Just select the closest that applies even though you may have several different products



Search for the commodity that is most closely aligned to your claim*

Select Product Category

Apparel



Quantity *

12



Do the best you can to tell us **how many items were in the box**

Do the best you can to describe the missing/damaged items

Serial numbers are not necessary unless you have them



Provide a detailed description of the merchandise*

Include details such as serial number, model number, brand, color, etc.

Examples: Clothes, Bedding, Desktop Computer

Max Character: 206

How did you take care of your customer?*



Reshipped a new order



Refunded their charges ⓘ



Always select

Refunded their charges

Credit memo #

Dorm Room Movers

Max Character: 29



Input Dorm Room Movers into the Credit Memo field

How Much Is Your Claim?

Choose currency*	Merchandise Amount*		Shipping Amount*		Total Amount*
USD ▼	250.00	+	0.00	=	250.00



**Enter the amount
of your claim**

This number cannot
exceed the amount
that you insured the
shipment for



Enter the amount of
the UPS Shipping
Label Charge Only

**DO NOT ENTER
Handling or
warehouse charges**

Upload Documents

You may upload up to 10 attachments. Each file cannot exceed 7MB. File types such as jpg, pdf, docx, and xls are accepted. Don't worry if you don't have all the documents ready right now. Your adjuster will let you know if additional documents are needed.

Documents that are likely to be needed:

- Invoice or Bill of Sale
- Proof of Loss ⓘ
- Bill of Lading
- Carrier or Shipping Company Invoice

If your shipment was damaged

Please upload photos here



If you have purchase receipts for the items

Upload them here

(if you do not have them, it is ok)



Upload file

Your Attachments:

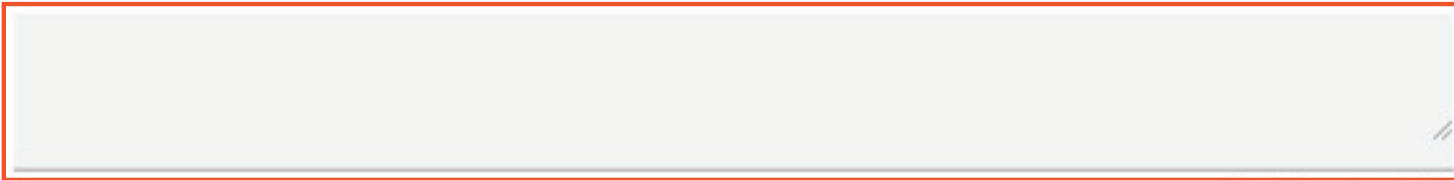
No attachments yet

We do not need Bill of Lading or Carrier/Shipping Company Invoice

If you do not have any of these items and have nothing to upload
Just proceed to the next step

Additional Comments (Optional)

Please provide any additional information you would like your adjuster to know below.



Max Character: 250

↗
If you feel that there are any additional information that you want the adjuster to know about, **please enter it here.**

Back

| Cancel

Continue

↑
If NOT, click Continue

The screenshot shows a four-step process bar at the top: 1. Enter shipment detail, 2. Tell us what happened, 3. Review contact information (current step), and 4. Submit claim. Below the bar, a red asterisk indicates required fields. The main heading is 'Who Should We Contact?'. There are four input fields: 'First Name *', 'Last Name *', 'Phone Number *', and 'Email Address *'. Each field is highlighted with a red border. At the bottom right, there are three buttons: 'Back', 'Cancel', and 'Continue'. The 'Continue' button is highlighted with a red border.

1 Enter shipment detail 2 Tell us what happened 3 Review contact information 4 Submit claim

* Required fields

Who Should We Contact?

First Name *

Last Name *

Phone Number *

Email Address *

Back | Cancel Continue

Enter your
**contact
information**



click **Continue**

[File a Claim](#) | [Claims Help](#)

1

Enter shipment detail

2

Tell us what happened

3

Review contact information

4

Submit claim

You're almost done! Please verify your claim details below and click Submit.

Shipment Detail [Edit](#)

Tracking Number / Bill of Lading

1Z73X23A4398551368

Sender Information

Dorm Room Movers

Scottsdale, AZ

US

Ship Date

11/19/2020

Reference Number

N/A

Transportation Carrier

UPS



By selecting this box, I agree to the subrogation terms and certify that all information provided in support of my request for claim payment and all communications related to my request are true and accurate to the best of my knowledge.

[Back](#)

[Cancel](#)

[Submit](#)

Review all of the
information →

Scroll down
to the bottom
of the page and
check the box
to agree to terms →

↑
click **Submit**