ATTN : Lily Boeschlin
PHONE : 0041789448966

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 shipment information listed below. A barcoded Bill To UPS form is attached for your convenience.**

Documents needed to file a claim:

1. **Bill To UPS 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, and transportation charges.

2. **Merchandise Value:** A copy of the original invoice or other proof certified in writing sufficient to identify the package contents and substantiate the lesser of the actual cost, replacement cost or repair cost of the merchandise.

3. **Shipping Record:** A copy of the shipping record for the above package.

To send claim paperwork electronically:
- 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_CH

To file a claim by fax or post see the enclosed **Bill To UPS Form.**

We apologise for any inconvenience this has caused for you and your customer, we strive to provide quality service and look forward to serving you in the future. If you have any questions or need further assistance, please call us on 044 2004100.

UPS Customer Service

ATTN : Lily Boeschlin
PHONE : 0041789448966

CLAIM NOTIFICATION

INQUIRY FROM: **Lily Boeschlin**
SWISS BIOMED BOESCHLIN LINKS
HARDEGGERSTR 22
BERN 3008

SHIPMENT TO: **MRS. SHU SHU**
MRS. SHU SHU
75A GRANGE ROAD
SINGAPORE 249612

Shipper Number.....**6A304W**
Pickup Date.....**16/08/23**
Number of Parcels.....**1**
Weight.....**1 KGS**
Tracking Identification Number...**1Z6A304W0427712582**
Merchandise.....**1 FORGOTTEN ITEMS DURING VISIT IN BERN, SUPPLEMENTS & MEDICATION 13 SMALL BOXES OF MEDICATION & 1 BO**

UNFORTUNATELY WE HAVE BEEN UNABLE TO PROVIDE SATISFACTORY PROOF OF DELIVERY FOR THE ABOVE SHIPMENT. WE APOLOGISE FOR THE INCONVENIENCE THIS CAUSES.

[redacted]

BILL TO UPS:

To fax or mail your claim, complete the form in black ink. The preceding letter includes instructions on filing a claim.
For future reference, this claim is identified by **Shipper number 6A304W** and by **Claim number 5025827501A**.

By my signature below, I certify that the information provided in this Request for Claim Payment and all communications related to this Request, including but not limited to statements as to the actual content and value of items that have been lost or damaged, are true and accurate to the best of my knowledge, and that this Request has been submitted in good faith.

*Signature of Claimant:*_____ *Name:* Lily Boeschlin *Date:* 25.09.2023

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75A GRANGE ROAD
SINGAPORE 249612

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Bank Details: Account Number: _____ Bank Sort Code: 790
Bank Name: Berner Kantonal Bank
IBAN: CH0700790016589808748C BIC: KBBECH22

QUANTITY	DESCRIPTION OF ITEM(S)	COST
13	3XTadalafil Mepha 5 mg, 7X2.5 mg & 3X10 mg	2'024.50
1	Vitamin C	27.99
	UPS, taxe & service charges	50.00
	TRANSPORTATION CHARGES:	160.45
	TOTAL AMOUNT CLAIMED:	2262.94

WEIGHT OF LOST OR DAMAGED MERCHANDISE _____ ☐ **KGS** ☐ **LBS**

Please provide a contact name and telephone number in the event further communication is necessary.

CONTACT NAME: Lily Boeschlin **PHONE: +41 78 9448966**

(Please provide any additional Tracking Number(s) for the above shipment)

TRACKING NUMBER(S): 1Z 6A3 04W 04 2771 2582

To File a claim by Fax:
Fax this completed Request for Claim Payment form and your other documents to: 0800-835578
To File a claim by Post:
Post this completed Request for Claim Payment form and your other documents to:

United Parcel Service
Deutschland Inc. & Co. OHG
Zustellinformationsabteilung
Postfach 101561
D - 41415 Neuss

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