

Authorized Claimant (company):

Contact Name:

Address:

City:	State:	Postal Code:	Country:
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Email:	Phone:	Air Waybill Date:	
		Month:	Day:
			Year:

Master Air Waybill #:

COMPLETE THE SECTION BELOW ONLY FOR THE CLAIMED ITEMS

HAWB	PIECES	PIECE WEIGHT	DESCRIPTION OF COMMODITY/PIECE (INCLUDE MODEL OR SERIAL NBR.)	AMOUNT OF CLAIM
		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		
		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		
		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		
		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		
		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		
		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		
TOTALS:		<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs		USD:

Detailed Reason For Claim:

Signature:	Month:	Day:	Year:
Printed Name:			

Indicate Documents Submitted in Support of Claim:

- Written Intent** – Provide proof of timely notification
- United Airlines Air Waybill** – Provide Copy
- Invoice** – Provide the original vendor's invoice for the loss or damaged merchandise that will indicate the value of the goods claimed
- Packing List** – Document listing the quantity and weight of the items in each box
- Salvage Value** – Explain what was done with the damaged shipment include receipts supporting the monetary amount recovered
- Destruction Certificate** – Document describing disposition of the cargo

Freight Forwarders and Insurance Companies Should Also Include:

- House Air Waybill** – Provide Copy
- Cessation of Rights** – Statement from party at loss authorizing you to act on their behalf
- Copy of Payment** – Proof of payment to ultimate consignee or credit note

Please submit this form and additional documents to ualcargoclaims@united.com