





**DAMAGE/LOSS NOTIFICATION**

**INQUIRY FROM:** MR. JOHN CAMPBELKL  
HIGHLAND PRODUCTS  
100 E VENTRIS  
MAITLAND FL 32751-5626

**SHIPMENT TO:** HIGHLANDS PRODUCTS  
100 E VENTRIS AVE  
FL 32751

Shipper Number.....	342574	Pickup Date.....	09/07/04
Number of Parcels.....	1	Weight.....	40
Tracking Identification Number.....	65359321106	Package I.D.....	5
Merchandise.....	2 INDSHIELD FRAMES NEWLY GALVANIZED		

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



FAX COVER PAGE

1-888-458-7703

REQUEST FOR CLAIM PAYMENT

Please complete this form, using black ink only, to help expedite your claim. Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. Include your transportation charges. The preceding letter includes instructions on filing a claim and a **toll free fax number for your convenience 24 hours a day**. For future reference, this claim is identified by **Shipper number 342574** and **Claim number 78072272**.

<b>SHIPMENT TO: HIGHLANDS PRODUCTS 100 E VENTRIS AVE FL 32751</b>		
Shipper Number.....342574	Pickup Date.....09/07/04	
Number of Parcels.....1	Weight.....40	
Tracking Identification Number...65359321106	Package I.D.....5	
Merchandise.....2 INDSHIELD FRAMES NEWLY GALVANIZED		
Could this merchandise be replaced for your customer? Yes <input type="checkbox"/> No <input checked="" 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
<u>2</u>	<u>Newly Galvanized Land Rover Series</u>	<u>CANT FIND REPLACEMENT</u>
	<u>windshield frames</u>	<u>similar items \$285.27 ea.</u>
		<u>+285.27</u>
	Transportation Charges:	<u>11.89</u>
	Total Amount Requested:	<u>\$ 582.43</u>
	<u>would prefer that you replace them</u>	
Please provide a contact name and telephone number in the event further communication is necessary.		
CONTACT NAME: <u>John Campbell</u>		PHONE: <u>407 644 1810</u>
Please provide any additional Tracking Number(s) for the above shipment:		
Tracking Number(s): <u>6535932, 1044, 1053, 1062, 1071, 1080, 1099</u>		

In order to expedite your claim payment request; please FAX this completed barcoded Request for Claim Payment form as your COVER PAGE, along with the ORIGINAL INVOICE and a copy of your shipment record to: 1-888-458-7703  
Or, mail it to:

**Claims Processing Center (ORL)  
P.O. BOX 1265  
Newport News VA 23601-1265**



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