

InsureShield[®] Shipping Protection

by UPS Capital Insurance Agency, Inc.

Claim Filing Instructions





PROCEED TO THE BELOW LINK:

<https://online.upscapital.com/R3Vlc3RGcmVpZ2h0ODE4OQ==>





LOGGING IN:

Enter your email address, and you will be sent a security code within 5 minutes.



Let's Get Started

✔ A verification code has been sent to your email. Once received, please enter the 6-digit code below.

It may take up to 5 mins to receive the email.

Email ID *

example@freightcenter.com

Enter your 6 Digit Verification Code *

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 claim submission to me at the email address or phone number I provided to UPS Capital.

Verify

[Resend Code](#)





GET STARTED:

Once you enter the security code and click, you have read and agree to the UPS Capital Privacy Notice and Technology Agreement. You can file your claim.

Gather your claims details and let's get started. Please make sure you complete the following five steps to submit your claims:

- ✓ Add Claim Payment Recipient
- ✓ Enter Shipment Detail
- ✓ Tell Us What Happened
- ✓ Confirm Contact Information
- ✓ Review and Submit Claim

[Get started](#)



For claims regarding damage or missing contents, please retain the merchandise and original packaging until the claim is resolved.





PAYMENT DETAILS:

Enter the claim payment recipient details. If the claim is approved where should the claim payment be sent.

Choose Payment Method

How would you like to get paid?

- Direct Deposit *(Recommended for fast and secure payments)*
- Check *(May add up to 7 business days)*
- Zelle *([Enrolled Zelle](#) users can receive payments with just an email or phone number)*

Add Claim Payment Recipient

Please tell us who should receive payment for these claims.

Name or Company Name *

Email Address *

Phone Number *

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Submit

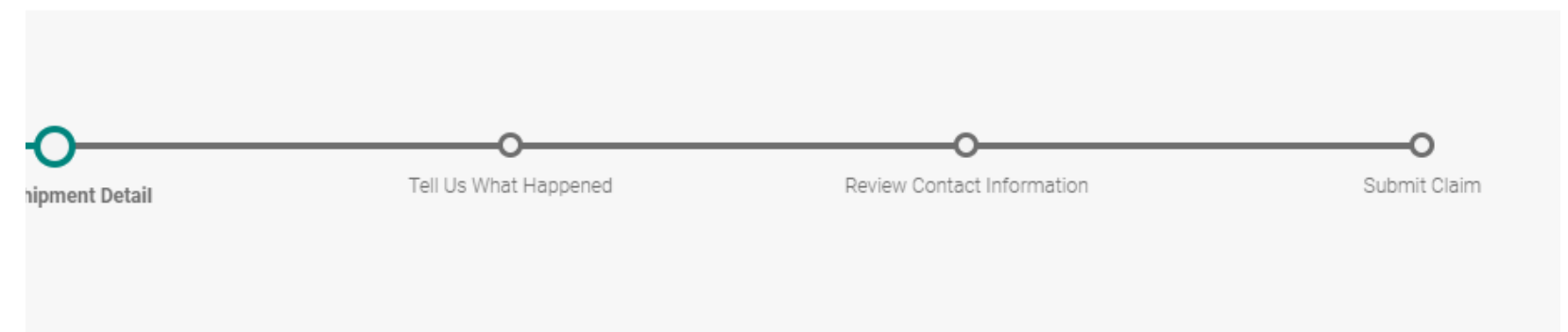
Cancel





SHIPMENT DETAILS:

Very Important - Under Tracking Number or Bill of Lading* - You must enter the FreightCenter 8-digit bill of lading number. If a pro number is entered the claim cannot be accepted and you will have to re file.



<input type="text"/>	<input type="text" value="Tracking Number or Bill of Lading *"/>
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★ Enter the FreightCenter Bill of Lading Number ★

<input type="text"/>	Recipient Information*	
<input type="text"/>	<input type="text" value="Company or Name *"/>	
<input type="text" value="e/Province"/>	<input type="text" value="City *"/>	<input type="text" value="State/Province"/>
<input type="text"/>	<input type="text" value="Country *"/>	





WHAT HAPPENED:

In this section, describe what happened, describe the merchandise, enter the claim's dollar amount, and upload supporting documentation.

[File a Claim](#) / Tell Us What Happened

[Add Payment Recipient](#)

[Enter Shipment Detail](#)

[Tell Us What Happened](#)

[Re](#)

* Required fields

Tell Us What Happened

Select the reason for your claim*

- Loss
- Damage
- Missing Contents

Describe the Merchandise

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

Select product category *

Provide a detailed description of the merchandise*

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



[File a Claim](#) / Review Contact Information

[Add Payment Recipient](#)

[Enter Shipment Detail](#)

[Tell Us What Happened](#)

[Review Contact Information](#)

Review Contact Information

Who should we contact for claim updates and notifications?

Policy Holder

Claim Payment Recipient

I would like to enter a different contact name and email address

[Back](#) | [Cancel](#)



REVIEW CONTACT INFO:

You can enter who should UPS Capital contact in regards to claim updates and notifications.





[File a Claim](#) / [Submit Claim](#)



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

SUBMIT CLAIM:

Review all the claim details you entered then submit the claim for review.





QUESTIONS?

Connect With Us



Speak with a licensed agent:

877.263.8772

8am - 8pm EST



Email Us:

capitalus@ups.com



Contact Us:

[Online Form](#)



InsureShield®
Shipping Protection

by UPS Capital Insurance Agency, Inc.