



### REQUEST FOR CLAIM PAYMENT

If you are filing your claim electronically, please complete this form online. To fax or mail your claim, please complete this form, using black ink only. 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 Claim Number 70451425, and Shipper Number 4W54R8.

*Declaration: 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: *O Bezaely* Name: OREN BEZALELY Date: 02/03/2020  
(print) (mm/dd/yyyy)

SHIPMENT TO:		SHIPPER RICKY SANDERS 28 CEDAR POINT TRL COLUMBIA MS 39429	
Shipper Number.....	4W54R8	Pickup Date.....	10/10/19
Number of Parcels.....	1	Weight.....	45 LBS
Shipper Reference Number.....	PAYPALSHIPPING999999	Tracking Identification Number...	1Z4W54R80310019486
Merchandise.....	Box Empty/No Invoice		

Could this merchandise be replaced for your customer? Yes  No   
 If damaged, is the merchandise repairable? Yes  No   
 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
4	ECA 1800.1 AMP.	120 total → insured for 100.
4	OST 35 Speaker.	
Transportation Charges:		\$ .60 (please adjust)
Total Amount Requested:		\$ 160

Please provide a contact name and telephone number in the event further communication is necessary.  
 CONTACT NAME: OREN BEZALELY PHONE: 516 424 7985

Please provide any additional Tracking Number(s) for the above shipment:  
 Tracking Number(s): oren.bezalely@gmail.com

To File a claim by Fax:  
 Fax this completed Request for Claim Payment form and your other documents to: 1-888-458-7703  
 To File a claim by Mail:  
 Mail this completed Request for Claim Payment form and your other documents to:

Claims Processing Center  
 P.O. BOX 1265  
 Newport News VA 23601-1265

NPT7NCY:000A0000



LDI 04

\*\*AAX80PCN03\*\*

28 Cedar Point Trl  
COLUMBIA, MS 39429  
United States

### Track your shipment

**1Z4W54R80310019486**

October 10, 2019, Sent by UPS  
Status: Shipped

### Transaction ID

0JH07576TN075932W

### Sent to

Tamar Bezalely  
[tamar@bezalely.net](mailto:tamar@bezalely.net)

### Note

4 x ELA1800. 1 + 4 x OST 35

### Details

Sent to Tamar Bezalely	\$120.00
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<b>Total</b>	<b>\$120.00</b>
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 [Print details](#)

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### Need help?

If there's a problem, make sure to contact the seller through PayPal by **April 5, 2020**. You may be [eligible for purchase protection](#).

 [Report a problem](#)