



Claim Form

For lost or damaged U.S. or international shipments

Sender or Shipper's Name / Contact

Company _____
 Address _____
 City _____ State / Province _____
 Country _____ ZIP / Postal Code _____
 Phone _____ Fax _____
 E-Mail _____

Recipient's or Consignee's Name / Contact

Company _____
 Address _____
 City _____ State / Province _____
 Country _____ ZIP / Postal Code _____
 Phone _____ Fax _____
 E-Mail _____

Tracking or Freight Bill Numbers

Additional tracking numbers for this claim request allowed (must have same sender, recipient, and ship date)

Shipment Information

- Loss**
 Complete
 Partial

Damaged
 Please retain all packaging and merchandise until your claim is resolved.

C.O.D.
 For FedEx Express® and FedEx Ground® Only

Ship date _____ No. of packages _____ Weight _____

FedEx control number _____

(NOTE: Call 1.800.GoFedEx 1.800.463.3339 to obtain a FedEx Express control number or a FedEx Ground damaged call tag confirmation number.)

Qty of Packages	Item #	Item Description	Claimed Amount

Contents of shipment _____

Describe damage to outer packaging _____

Describe inner packaging _____

Describe damage to contents _____

Declared value

(The value declared on the shipment when tendered to FedEx) \$ _____

Declared value for customs

(International shipments only) \$ _____

Merchandise value

(Original purchase value and/or cost to repair) \$ _____

FedEx pack & ship fee \$ _____

Freight charge \$ _____

Total claim / C.O.D. amount \$ _____

Customer remarks _____

Salvage

If your claim is filed for damage, and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage pickup. Salvage should be held until investigation of the claim is complete.

Salvage Contact _____ Phone _____ Fax _____

Claimant Information

I accept that the foregoing statement of facts is hereby certified as correct.

Signature (for fax or mail) _____

Claimant's Name (please print) _____

Claimant's Address _____

City _____

Country _____

E-Mail _____

Date _____

Internal Reference No. _____

Phone _____

State / Province _____

ZIP / Postal Code _____

Fax _____

E-mail, Fax or Mail

Please return the completed form and required Proof of Value documentation (invoice and/or receipt) to:
 E-mail: file.claim@fedex.com | Fax 1.877.229.4766 | FedEx Cargo Claims Dept. P.O. Box 256 Pittsburgh, PA 15230

SUBMIT