

Claim Form

For lost or damaged domestic or international shipments

Sender or Shipper's Name / Contact			Recipient's or Consignee's Na	Recipient's or Consignee's Name/Contact		
Company			Company			
Address			Address			
City	*State / Province			State / Province		
Country	*ZIP / Postal Code	l	City Country	ZIP / Postal Code		
Phone	Fax		Phone	Fax		
E-Mail			E-Mail			
Tracking or Freight Bill Numbers						
	Multiple tracking num	bers for the same se	ender, recipient, and ship date allowed (FedEx	Ground only).		
Shipment Information	Ship date		No. of packages	No. of packages Weight of items claimed		
□ NotReceived	FedEx control nur	mber (FedEx Exp	press Only)	Only)		
☐ Missing Contents	(NOTE: Call FedEx Customer Service to obtain a FedEx Express control number.)					
	Qty of Packages Item #		Item Description Claimed Amount		Claimed Amount	
 Damaged Please retain all packaging and merchandise until your daim's resolved. 						
merchandise until your daim is resolved.						
□ C.O.D.						
For FedEx Express® and Ground						
Only		l l				
Note: Please indicate currency used on all values.	Describe damage to outer packaging					
	Describe inner packaging					
	Describe damage to contents					
	Declared value (The value declared on the		Declared value for customs			
	shipment when tendered to FedEx) (International shipments only)					
	Merchandise value		Repair Cost	Repair Cost (include breakdown)		
	(Original purchase value)		(,			
	Shipping Costs *Total claim / C.O.D. amount					
	Customer remarks					
	-					
Oak sa sa lluana atlan	If your claim is filed fo	r damage, and mitig	gation through repair or allowance is not possib	ole, please explain why and provide o	ontact information for	
Salvage/Inspection	salvage pickup. Salvage should be held until investigation of the claim is complete.					
	Contact Name		Phone	Fax		
	Email Address					
Claimant Information	Company/Claimant Name (please print)					
(Address where correspondence	Signature (for fax	or mail)	(Customer Reference No.		
pertaining to the claim will be mailed)	Contact Name Phone					
	Claimant's Address					
	City		State/Province	State/Province ZIP/Postal Code		
	Country			Fax		
	Email					
	☐ I accept that the foregoing statement of facts is hereby certified as correct. Date					
	- 1 accept that the foregoing statement of facts is fieldby collined as collect. Date					
Mail	Please return the completed form and required Proof of Value documentation (invoice and/or receipt) to: FedEx Cargo Claims Dept. P.O. Box 26628 Salt Lake City, UT 84126					