



# 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. \_\_\_\_\_ Date \_\_\_\_\_

Signature (for fax or mail) \_\_\_\_\_ Internal Reference No. \_\_\_\_\_

Claimant's Name (please print) \_\_\_\_\_

Claimant's Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_

Country \_\_\_\_\_ ZIP / Postal Code \_\_\_\_\_

E-Mail \_\_\_\_\_ 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**