



Claim Form

For lost or damaged domestic 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

Multiple tracking numbers for the same sender, recipient, and ship date allowed (FedEx Ground only).

Shipment Information

- Not Received**
- Missing Contents**

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

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

Ship date _____ No. of packages _____ Weight of items claimed _____

FedEx control number (FedEx Express Only) _____

(NOTE: Call FedEx Customer Service to obtain a FedEx Express control number.)

Qty of Packages	Item #	Item Description	Claimed Amount

Describe damage to outer packaging _____

Describe inner packaging _____

Describe damage to contents _____

Declared value <small>(The value declared on the shipment when tendered to FedEx)</small>	Declared value for customs <small>(International shipments only)</small>
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Merchandise value <small>(Original purchase value)</small>	Repair Cost <small>(include breakdown)</small>
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Shipping Costs	*Total claim / C.O.D. amount
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Customer remarks _____

Note: Please indicate currency used on all values.

Salvage/Inspection

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.**

Contact Name _____ Phone _____ Fax _____
 Email Address _____

Claimant Information

(Address where correspondence pertaining to the claim will be mailed)

Company/Claimant Name (please print) _____
 Signature (for fax or mail) _____ Customer Reference No. _____
 Contact Name _____ Phone _____
 Claimant's Address _____
 City _____ State/Province _____ ZIP/Postal Code _____
 Country _____ Fax _____
 Email _____

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

Mail or Fax

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