

## Claim Form

For lost or damaged U.S. or international shipments

Sender / Shipper's Name / Contact Company Address				Recipient's / Consignee's Name / Contact  Company Address												
								City State / Province				City	State / Province			
								Country ZIP / Postal Code			Country		ZIP / Postal Code			
Phone Fax			Phone		Fax											
E-Mail				E-Mail												
Tracking or Freight Bill																
Numbers	Multiple tracking numbers for the same sender, recipient, and ship date allowed															
Shipment Information	Ship date			No. of packages Weight												
Loss	FedEx control number															
	(NOTE: Call 1.800.Go-FedEx 1.800.463.3339 to obtain a FedEx Express® control number or a FedEx Ground® damaged call tag confirmation number.)															
☐ Complete☐ Partial	No./Qty of Packages	Item #		Item Description	ion		Claimed Amount									
■ Damaged																
Please retain all packaging and products until your claim is resolved.	Contents of shipment															
	Describe damage to outer packaging															
C.O.D.  For FedEx Express & Ground Only																
	Describe inner packaging															
	Describe damage to contents															
				Declared value for customs nternational 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 remark	s														
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			Phor	ne	Fax										
Claimant Information	The foregoing sta	tement of fa	acts is here	by certified as correct.		Date										
	Signature					Internal Reference No.										
	Claimant's Name (please print)				_											
	Claimant's Address				_	Phone										
	City					State / Province										
	Country					ZIP / Postal Code										
	E-Mail					Fax										
	-															

**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 email to: file.claim@fedex.com