



# 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

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**