



Claim Form Instructions

Please complete the enclosed claim form. The following documentation must be included to support the claim.

1. Photocopy of FedEx Airbill/PowerShip® printout
2. Photocopy of shipper's original invoice from vendor/supplier
3. Serial numbers of each item
4. Photocopy of original retail invoice
5. Commercial Invoice
6. Repair invoice or signed certified statement of non-repair from an authorized technician
7. Other

Mail or fax the completed claim form to the following address or fax number.

FedEx Express
Cargo Claims Dept.
P.O. Box 256
Pittsburgh, PA 15230

Fax Number: 1.877.229.4766

Once we receive your claim form and all requested documentation, please allow 4-6 weeks for resolution regarding your claim.

For complete information on claim requirements and the time limits for filing specific types of claims, please refer to fedex.com or the FedEx Service Guide.



Claim Form

For lost or damaged domestic or international shipments

Please check one:

FedEx Express FedEx Ground FedEx Ground C.O.D.

Sender Information

Claim settlements are issued to sender unless a letter of authorization from shipper is submitted.

Sender's Name / Contact	Internal Reference No.
Company	
Address	
City	State/Province
Country	ZIP/Postal Code
Phone	Fax
Email	

Recipient Information

Recipient's Name / Contact	
Company	
Address	
City	State/Province
Country	ZIP/Postal Code
Phone	Fax
Email	

Tracking Numbers

Multiple tracking numbers for the same sender, recipient, and ship date allowed.

Shipment Information

Ship date	No. of packages	Weight
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FedEx Express control number or

FedEx Ground damaged call tag confirmation 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.)

Contents of shipment

Describe damage to outer packaging

Describe damage to inner contents

Describe inner packaging

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 price and/or cost to repair)</small> \$	Freight charge \$	Total claim / C.O.D. amount \$
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Customer remarks

- Loss**
- Complete
 - Partial

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

- Other** _____
- _____

Required Signature

The foregoing statement of facts is hereby certified as correct.

Signature	Date
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Claimant's Name (please print)	Phone
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Claimant's Address

Mail or Fax

Please return the completed form and requested documentation to:

FedEx Cargo Claims Dept. P.O. Box 256 Pittsburgh, PA 15230

Fax Number 1.877.229.4766