



# Claim form for lost or damaged shipments

**Sender or Shipper's Name / Contact**

Company  
 Address  
 City State / Province  
 Country ZIP / Postal Code  
 Phone Fax  
 Email

**Recipient's or Consignee's Name / Contact**

Company  
 Address  
 City State / Province  
 Country ZIP / Postal Code  
 Phone Fax  
 Email

**House Bill of Lading or House Airway Bill No.****Shipment Information**

- Loss**  
 **Complete**  
 **Partial**

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

Ship date No. of packages Weight  
 FedEx Trade Networks claim number (office use only)

Qty of Packages	Item No.	Item Description	Claimed Amount

Contents of shipment  
 Describe damage to outer packaging

Describe inner packaging

Describe damage to contents

**Declared value**  
(The declared value when tendered to FedEx Trade Networks) \$

**Declared value for customs**  
(International shipments only) \$

**Merchandise value**  
(Original purchase value and/or cost to repair) \$

Customer remarks

**Salvage**

If your claim is filed for damage, please note that claimants have a legal obligation to mitigate claims and reduce damage as much as possible. If mitigation through repair or salvage is not possible, please explain why. Damaged goods and packaging should be held until the investigation is complete.

**Claimant Information**

I accept that the foregoing statement of facts is hereby certified as correct.  
 Signature (for fax or mail) \_\_\_\_\_  
 Claimant's Name (please print)  
 Claimant's Address  
 City  
 Country  
 E-Mail

Date  
 Internal Reference No.  
 Phone  
 State / Province  
 ZIP / Postal Code  
 Fax

**E-mail**

Please return the completed form and required proof of loss and value to [claims@ftn.fedex.com](mailto:claims@ftn.fedex.com). Proof of loss should include original commercial invoice, packing list, and signed delivery receipt noting exceptions. For damage claims, please include photos of both the damaged packaging and its contents.

**SUBMIT**