



FedEx Freight and FedEx National LTL.

Claim Form Loss and Damage

Steps to Help Streamline Your Freight Claim Settlement

Provided is the claim form you requested. We will make every effort to settle your claim in a fair and timely manner. Claims will be handled using standard guidelines and rules:

1. National Motor Freight Classification series, Principles and Practices for the Investigation and Disposition of Freight Claims.
2. Refer to the FXF or FXNL Rules Tariff for liability limitations.
3. Per the Bill of Lading Terms and Conditions, claimants have nine (9) months from the date of delivery (or from the date delivery could have reasonably been expected) to file claims for loss and / or damage.
4. Concealed damage should be reported within 15 days from the date of delivery. This can be done by phone, but should always be confirmed in writing. Once reported, liability will be determined by our investigation.
5. Salvage Retention – It is the duty of the consignee to retain damaged merchandise and shipping container until the investigation of the claim is completed. It is likewise the duty of the claimant, where there is substantial value in the salvage, to accept and handle it in such a manner as to mitigate the claimed loss as much as possible either through repair or discounted sales.

Documents needed in support of your claim:

1. Completed Claim Form
2. Delivery Receipt (if available)
3. Original Invoice or Certified Copy
4. Breakdown of Repair Charges (if available)
5. Inspection or Waiver of Inspection (if applicable)

Options for filing your claim:

FedEx Freight
Attn: Cargo Claims
P.O. Box 5006
Harrison, AR 72602-5006
Phone: 1.800.308.3963
Fax: 1.870.414.0712
fedex.com

FedEx National LTL
Attn: Claim Department
P.O. Box 95002
Lakeland, FL 33804-5002
Phone: 1.800.284.4544
Fax: 1.863.688.4876
fedex.com

Please contact our office if you have not received acknowledgment after 30 days of filing your claim.



FedEx Freight and FedEx National LTL.

Claim Form Loss and Damage

| | | |
|--|--|--|
| To: <input type="checkbox"/> FedEx Freight Attn: Cargo Claims P.O. Box 5006 Harrison, AR 72602-5006 Phone: 1.800.308.3963 Fax: 1.870.414.0712 | To: <input type="checkbox"/> FedEx National LTL Attn: Claim Department P.O. Box 95002 Lakeland, FL 33804-5002 Phone: 1.800.284.4544 Fax: 1.863.688.4876 | Date: _____ Claimant's Claim Number (Your Reference Number): _____ FREIGHT BILL NUMBER: _____ Ship Date: _____ |
|--|--|--|

This claim for \$ _____ is made against your company for ☐ Damage ☐ Shortage in connection with the following described shipment:

| | |
|---------------------|--------------------|
| Shipper's Name: | Consignee's Name: |
| Point Shipped From: | Final Destination: |

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. **All Discount and Allowances must be shown.**

Note: Please add any additional item(s) on a separate page.

| Qty | Item # | Description | Invoice Cost |
|---|--------|-------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| NMFC Item No. of commodity lost or damaged: | | | Total Amount Claimed: |

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 completed.

Explanation: _____

Salvage Contact: _____ Phone: _____ Fax: _____

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- | | |
|---|--|
| <input type="checkbox"/> Original invoice or certified copy. | <input type="checkbox"/> Delivery Receipt (if available). |
| <input type="checkbox"/> Inspection or waiver of inspection (if applicable). | <input type="checkbox"/> Breakdown of repair charges (if available). |
| <input type="checkbox"/> Other particulars obtainable in proof of loss or damage claimed: | |

Remarks:

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

| | | | |
|-----------------------|--------|----------|----------------|
| Claimant Company Name | | Contact: | |
| Mailing Address: | | Phone: | Fax: |
| City: | State: | Zip: | Email Address: |