



## FedEx Express Claim Form Instructions and Frequently Asked Questions (FAQs)

Read the following FAQs for answers on the claim resolution process

### Who can file a claim?

The sender, the recipient or a third party can file a claim.

### How do I file a claim?

Submit the completed claim form by either faxing it to 336.740.3394, emailing it to [ctsclaims@fedex.com](mailto:ctsclaims@fedex.com) or mail to:

#### **FedEx Express**

Caribbean Transportation Solutions  
Attn: Claims Department  
6035 Old Oak Ridge Road  
Greensboro, NC 27410

### When should I file a claim?

All claims must be made in writing to FedEx within 120 days after the date of acceptance of the shipment. Written documentation (supporting documents) on all claims must be delivered to FedEx (filed) within 90 days after FedEx received notice of the claim in accordance to Caribbean Transportation Solutions Standard Conditions of Carriage.

Claims for damage and /or loss discovered after recipient accepts the shipment without noting any damage and/or loss on the delivery receipt must be made in writing within 7 days after acceptance of the shipment.

All claims will be resolved based on the merits of the claims investigation.

### What should I do with the merchandise and shipment packaging?

Keep the merchandise and all original packaging, including cartons and contents, until the claims process is finished. It may be necessary to make the packaging available to FedEx for inspection.

### What kind of supporting documentation do I need?

You will need the Original Air Waybill, delivery receipt showing delivery signature (POD), Commercial Invoice(s), weight of damaged product pictures and any other additional information as specified by FedEx.

### How to fill out the claim form?

1. Enter the CTS AirWaybill Number and Pieces and Weight of the shipment as noted on the Waybill (example: Waybill # 33503845 Pcs/Wt on Waybill 15 @ 7500 lbs)
2. Enter the full name, address and phone number of the Shipper as it appears on the Waybill
3. Enter the full name, address and phone number of the Consignee as it appears on the Waybill
4. Type of Claim: Loss or Damage as applicable
5. Amount of Claim \$: Enter the Dollar amount of the claim as well as the weight of the product that was damaged / loss
6. Complete Description of Circumstances Requiring Claim: Write the details of the reason for the claim. Details must be concise and descriptive, such as damage to packaging and/or to contents. If necessary you may use an additional page.
7. Enter the full name, address and phone number of the Claimant. Note: The claimant must be a party to the shipment either the Shipper, Consignee, or Third Party Billing Agent as it appears on the Waybill.
8. The Claim Form MUST be signed prior to submittal
9. Date: Enter the date the Claim Form is completed



## Claim Form

For lost or damaged shipments

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

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

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

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

**CTS Air Waybill Number** \_\_\_\_\_

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

**Shipment Information**

Ship date \_\_\_\_\_ No. of packages \_\_\_\_\_ Weight \_\_\_\_\_

No. of package	Item#	Item Description	Claimed Amount	Weight

**Contents of shipment**

Describe damage to outer/inner packaging

Describe damage to contents

**Declared Value**

(The value declared on the  
Shipment when tendered to FedEx)

**Declared value to Customs**

(International shipments only)

**Merchandise Value**

(Original purchase value and/or cost to repair)

**Customer remarks****Claimant Information**

Signature \_\_\_\_\_  
Claimant's Name (please print) \_\_\_\_\_  
Claimant's Address \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_  
E-Mail \_\_\_\_\_

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

☐ I accept that the foregoing statement  
of facts is hereby certified as correct.

Date \_\_\_\_\_

**Fax, Email or Mail**

Please return the completed form and required Proof of Value documentation (invoice and/or receipt).