



Claim Form

For lost or damaged U.S. or international shipments

Sender or Shipper's Name / Contact MICHAEL HYLTON
Company
Address 4650 QUIMBY AVENUE
City BELTSVILLE **State / Province** MD
Country USA **ZIP / Postal Code** 20705
Phone 301 257 9625 **Fax**
E-Mail michaelhylton75@yahoo.com

Recipient's or Consignee's Name / Contact HANNAH COLE ^{CHASSGATE}
Company
Address 8181 COMMERCE PARK DR SUITE 720
City HOUSTON **State / Province** TEXAS
Country USA **ZIP / Postal Code**
Phone **Fax**
E-Mail

Tracking or Freight Bill Numbers

786787271060

Additional tracking numbers for this claim request allowed (must have same sender, recipient, and ship date)

Shipment Information

Ship date 06/05/2017 **No. of packages** 1 **Weight** 1.90 **L**

FedEx control 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.)

☒ **Loss**

- ☐ **Complete**
☐ **Partial**

☐ **Damaged**

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

☐ **C.O.D.**

For FedEx Express® and FedEx Ground® Only

Qty of Packages	Item #	Item Description	Claimed Amount

Contents of shipment 1 PHONE

Describe damage to outer packaging

Describe inner packaging

Describe damage to contents

Declared value \$ 900

(The value declared on the shipment when tendered to FedEx) \$900

Declared value for customs

(International shipments only) \$

Merchandise value

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

PLEASE SEE ACCOMPANYING DOCUMENT

FedEx pack & ship fee \$

Freight charge \$

Total claim / C.O.D. amount \$

Customer remarks INSTRUCTIONS WERE GIVEN TO FEDER NOT TO DELIVER BECAUSE OF UNAVAILABILITY OF RECEIVER

Salvage

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.

Salvage Contact

Phone

Fax

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) MICHAEL HYLTON

Claimant's Address 4650 QUIMBY AVENUE

City BELTSVILLE

Country USA

E-Mail michaelhylton75@yahoo.com

Date 06.19.2017

Internal Reference No.

Phone 301 257 9625

State / Province MD

ZIP / Postal Code 20705

Fax

E-mail, Fax or Mail

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

E-mail: file.claim@fedex.com | Fax 1.877.229.4766 | FedEx Cargo Claims Dept. P.O. Box 256 Pittsburgh, PA 15230

SUBMIT