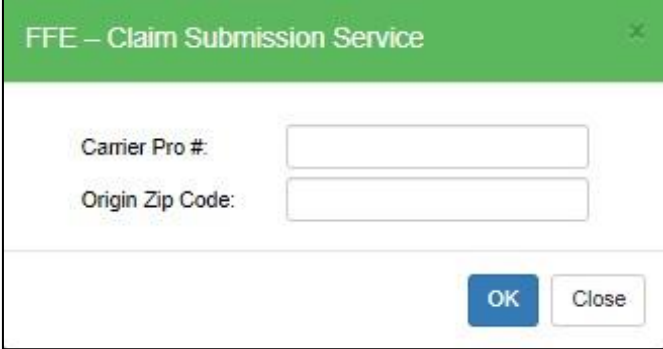


FFE Claim Submission Service

CUSTOMER REFERENCE GUIDE

Getting Started

To file a claim, click on the link provided on our website at ffeinc.com. This opens the FFE QuickClaim registration application for filing claims.




The screenshot shows a web application window titled "FFE - Claim Submission Service". The window has a green header bar with a close button (X) in the top right corner. Below the header, there are two input fields: "Carrier Pro #" and "Origin Zip Code:". The "Carrier Pro #" field is a single-line text box, and the "Origin Zip Code:" field is a single-line text box. At the bottom right of the form, there are two buttons: a blue "OK" button and a white "Close" button with a grey border.

You must provide the **FFE Order Number (PRO#)** and the **Origin Zip Code** associated with your shipment to continue.

Once provided, click **OK** to continue to the claim entry form. If you do not know this information or an error shows after clicking **OK**, please contact CargoClaims@ffex.net for assistance.

Claim Entry Form (default view)

Claim Entry Form - Loss & Damage



FFE-Lancaster

PO Number:

Your Claim #:

Claim Type:

Delivery Date:

Addresses: (Note: Please enter the address to send payment to under CLAIMANT)

Claimant	Carrier	Shipper	Consignee
	Frozen Food Express 3400 Stonewell Drive Lancaster, TX, 75134		
Edit	Edit	Edit	Edit

Products:

Part #	Part Description	Quantity	Unit Weight	Unit Cost	Line Total
No Products have been entered.					
+Add Product					

Additional Costs: (Add any adjustments to the total claim amount in this section)

Type	Description	Amount
No Additional Costs have been entered.		
+Add Additional Cost		

Total Weight of Claim:

Total Amount of Claim:

Documents: (You may drop multiple documents at one time)

Total Size: 0 KB

Document Type	Document Id	Date Of	Attachment
Invoice	8138678	6/1/2020	
Bill of Lading	19689483	11/29/2019	
Freight Bill Pro #	7254541	12/16/2019	

[+Add Document](#)

Drop Documents here

Resize Image Documents

Summary of Claim:

Location of Shipment:

Claim Contacts: (Please ensure to verify your company's claim department contact information. Correspondence will be sent only to the email address provided. Please use an email distribution list if applicable.)

Name	Title	Phone #	Email
No Contacts have been entered.			
+Add Contact			

Contact Info:

Any questions, please contact support at
EMAIL: QuickClaimSupport@ffex.net

[Review and Submit Claim](#)

Carrier Quick Claim (1.0.0)
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 Session ID: 478cbb01-dbee-2038-813d-882e9d3fd0dc
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Step 1: Enter the primary claim details

Claim Entry Form - Loss & Damage



FFE-Lancaster

Delivery Date: 12/06/2019

PO Number

Your Claim #

Claim Type:

PO Number: Must be the PO# associated with the order/items you are claiming. If more than one, separate the PO#s with a slash “ / ”

Your Claim #: Your Company’s internal claim number

Claim Type: Select the claim type that best describes the claim. If more than one claim type applies, select ‘Multiple Reasons’ and provide further explanation in the **Summary of Claim**.

Claim Type:

Addresses: (Note: and p

Claimant

Edit

- Accident
- Damage
- Freight Charges
- Late Delivery
- Loss (All Short)
- Missing On Return
- Multiple Reasons
- Other (Unknown)
- Shortage
- Temperature Failure
- Warehousing/Storage

Step 2: Enter the Claimant and Consignee addresses

We prefill the carrier and shipper addresses for your convenience. The shipper address may not match what you have on record, you do not need to change it, as it does not affect the claim in any way.

Addresses: (Note: Please enter the address to send payment to under CLAIMANT)

Claimant	Carrier	Shipper	Consignee
	Frozen Food Express 3400 Stonewell Drive Lancaster, TX, 75134		
Edit	Edit	Edit	Edit

How to add the Claimant and Consignee addresses

Step 1: Click **EDIT** below the claimant or consignee address box.

The image shows a modal window titled "Claimant" with a large empty text area for entering an address. At the bottom of the modal, there is a blue "Edit" button, which is highlighted with a red rectangular box.

Step 2: Fill out the required address fields. Then click **Save**.

The image shows a "Claimant Address" form with a green header. It contains a list of required fields and a set of input fields. The required fields are: Full Name, Address (Line 1), City, and Zip Code. The input fields are: Full Name, Phone #, Email Address, Address (Line 1), City, State/Province (dropdown), Zip Code, and Country (dropdown). The "Save" and "Close" buttons are at the bottom right.

- Full Name is required for the Claimant
- Address (Line 1) is required for the Claimant
- City is required for the Claimant
- This field is required.
- Zip Code is required for the Claimant

Full Name:

Phone #:

Email Address:

Address:

City:

State/Province:

Zip Code:


Country:

[Save](#) [Close](#)


Note: The claimant address is where we will send payment!

Step 3: Enter the products and charges you are claiming.


QuickClaim automatically calculates the total amount of your claim based on the information you provide in the **Products** and **Additional Costs** sections. Enter all the items you are claiming in the **Products** section of the Claim Entry Form. Enter any additional charges/adjustments to the total claim amount in the **Additional Costs** section.


 **Products:**

Part #	Part Description	Quantity	Unit Weight	Unit Cost	Line Total
No Products have been entered.					
+Add Product					

 **Additional Costs:** (Add any adjustments to the total claim amount in this section)

Type	Description	Amount
No Additional Costs have been entered.		
+Add Additional Cost		

 **Total Weight of Claim:**

 **Total Amount of Claim:**

How to add products

Step 1: Click Add Product

[+Add Product](#)

Step 2: Enter the product details.

Product Details
✕

Part #:	<input style="width: 80%;" type="text" value="Item 2"/>
Part Description:	<input style="width: 80%;" type="text" value="Frozen Carrots"/>
Commodity/NMFC:	<input style="width: 80%;" type="text"/>
Quantity:	<input style="width: 80%;" type="text" value="26"/>
Unit Cost:	<input style="width: 80%;" type="text" value="\$ 89"/>
Unit Weight:	<input style="width: 80%;" type="text" value="14"/>
Total:	<input style="width: 80%;" type="text" value="\$ 2314"/>

Part #: The item number for the item you are claiming.

Part Description: The description of the item you are claiming.

Commodity/NMFC: Optional

Quantity: The number of units/cases.

Unit Cost: The cost per unit of the item.

Unit weight: The weight per unit of the item (in lbs)

Line Total: The product of **Quantity** and **Unit Cost**

Step 3: Click **Save**. If you want to add another item, click **Save and Add New**.

The product details must match what is on your itemized freight invoice. Any discrepancies will delay the processing of your claim, or result in a full denial of your claim!

How to add Additional Costs

Step 1: Click **Add Additional Cost**

[+Add Additional Cost](#)

Step 2: Enter the details

Charge Type: The type of charge you are claiming.

Description: The description of the charge. Please be as detailed as possible.

Charge Amount: The amount you are claiming.

Note: You can add a negative charge if you are deducting a portion from the total claim amount.

Step 3: Click **Save**

[Save](#) [Close](#)

Example of a completed Products and Additional Costs section.

After completing the products and additional costs sections, the total weight and amount of your claim is automatically calculated.

Products:

Part #	Part Description	Quantity	Unit Weight	Unit Cost	Line Total
Item 1	Frozen Pizza	17.00	21.00	74.50	\$1,266.50
Item 2	Frozen Carrots	26.00	14.00	89.00	\$2,314.00

[+Add Product](#)

Additional Costs: (Add any adjustments to the total claim amount in this section)

Type	Description	Amount
Freight Charge	Replacement Freight Charge	\$956.00
Other Charge (Specify in claim summary)	Deduction from invoice	(\$250.00)

[+Add Additional Cost](#)

Total Weight of Claim: 721.00

Total Amount of Claim: 4,286.50

Step 4: Enter your supporting documents.

There are two ways to attach a document, either by selecting **Add Document** below the document list, or by using the **drag-and-drop** feature.

Documents:
Total Size: 0 KB

Document Type	Document Id	Date Of	Attachment
Invoice	8138678	6/2/2020	
Bill of Lading	19689483	11/29/2019	
Freight Bill Pro #	7254541	12/16/2019	

+Add Document

(You may drop multiple documents at one time)

Drop Documents
Here

Resize Image Documents

How to attach documents

Step 1: Click **Add Document** or Drag your attachment to the box marked “**Drop Documents Here**”

Step 2: Select **Choose File** to add a document from your computer files. Then fill out the rest of the document details.

Document ✕

Document Type:

Document ID:

Date Of:

No file chosen

Resize Image Documents

File Name:

Drag And Drop Documents ✕

Document Type	Document Id	Date Of	Attachment
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="06/02/2020"/>	FFE Bill of Lad..


Document Type: Select the document type that best describes your attachment.

Document ID: Use this field to describe the document in more detail.

Step 4: Click Save

Step 5: Enter a brief summary of the claim

Use this section to provide a summary of your claim, or to clear up any details from the previous sections.

 **Summary of Claim:**

Step 6: Enter your contact information

Select **Add Contact**, input your name, title, phone #, and email address.

 **Claim Contacts:** (Please ensure to verify your company's claim department contact information. Correspondence will be sent only to the email address provided. Please use an email distribution list if applicable.)

Name	Title	Phone #	Email
No Contacts have been entered.			

[+Add Contact](#)

Step 7: Review Claim

Click **Review and Submit Claim** located at the bottom right hand corner of the Claim Entry Form

 **Contact Info:**

Any questions, please contact support at
EMAIL: QuickClaimSupport@ffex.net

Review and Submit Claim

Carrier Quick Claim (1.0.0)
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Final Review Page

Review Page - Loss & Damage

FFE-Lancaster

PO Number	Your Claim #
123456	654321

Claim Type	Delivery Date
Damage	12/06/2019

Addresses:

Carrier Name	Company	Claimant	Shipper	Consignee
Frozen Food Express 3400 Stonewell Drive Lancaster, TX, 75134	FFE-Lancaster 3400 Stonewell Drive Lancaster, TX, 75134	Some Claimant 1234 Claimant Dr Arlington, TX, 76001	[REDACTED]	Some Consignee 12345 Consignee Way Consignee, GA, 11111

Claim Contacts:

Name	Title	Phone #	Email
QuickClaim			QuickClaimSupport@ffex.net

Summary of Claim:

Summary of Claim
This is a summary

Products Being Claimed:

Part #	Part Description	Quantity	Unit Weight	Unit Cost	TOTAL
Item 1	Frozen Pizza	17.0	21.0	74.5	\$1,266.50
Item 2	Frozen Carrots	26.0	14.0	89.0	\$2,314.00

Additional Costs: (freight, repairs, labor, packaging, etc.)

Type	Description	Amount
Freight Charge	Replacement Freight Charge	\$956.00
Other Charge (Specify in claim summary)	Deduction from invoice	(\$250.00)
TOTAL WEIGHT OF CLAIM		TOTAL AMOUNT OF CLAIM
721.00		4,286.50

Location of Shipment:

Documents Attached:

Document Type	Display	Date Of	Attachment
Invoice	8138678	06/02/2020	
Bill of Lading	19689483	11/29/2019	
Freight Bill Pro #	7254541	12/16/2019	
PO Number	123456	06/02/2020	
Your Claim #	654321	06/02/2020	

NOTICE: All claims for loss or damage are subject to Carrier's General Rules and Tariffs in effect at the time of shipment of the freight in question and will be determined by Carrier in accordance with the General Rules and Tariffs then in effect. The General Rules and Tariffs can be found at ffinc.com or by clicking [here](#).

I have read and acknowledge this disclaimer.

Contact Info:

Any questions, please contact support at
EMAIL: QuickClaimSupport@ffex.net

Submit Claim

Go Back and Edit

Step 8: Submit the Claim.

After reviewing the final review page, click **Submit Claim**. You will receive a confirmation that your claim successfully created, along with our claim # for your reference.

