

# Comprehensive Loss Occurrence Report

## I. General Information

Report Reference No.: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Reporter Name & Position: \_\_\_\_\_

Department/Location: \_\_\_\_\_

## II. Incident Details

Date & Time of Occurrence: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Loss:  Property  Injury  Financial  Other: \_\_\_\_\_

Persons Involved: \_\_\_\_\_

Detailed Description of Incident: \_\_\_\_\_

## III. Loss Assessment

Estimated Loss Value: \_\_\_\_\_

Immediate Action Taken: \_\_\_\_\_

## IV. Investigation & Findings

Brief Summary of Investigation: \_\_\_\_\_

Cause(s) of Loss: \_\_\_\_\_

## V. Corrective Actions & Recommendations

Responsible Person(s): \_\_\_\_\_

Target Date for Completion: \_\_\_\_\_

## VI. Approval

Approved by (Name & Position): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Notes:**

- Ensure all sections are completed with accurate and detailed information.
- This report should be submitted promptly after the occurrence.
- Attach any supporting documents (photos, witness statements, etc.) if available.
- Loss Occurrence Reports are confidential and should be handled accordingly.