

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.