

Accidental Damage/Loss Statement

Full Name

Department/Team

Contact Information

Incident Details

Date of Incident

Location of Incident

Item(s) Involved

Brief Description of Incident

Action Taken

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature

Date

Important Notes

- Provide as much detail as possible to assist with your claim or report.
- This document may be required for insurance or internal company processing.
- False statements may result in disciplinary or legal action.
- Attach relevant supporting documents, such as photographs or receipts, if available.
- Keep a personal copy of this statement for your records.