

# Accidental Damage/Loss Statement

## Full Name

Enter your full name

## Department/Team

Enter department or team

## Contact Information

Phone or email

## Incident Details

### Date of Incident

### Location of Incident

Where did the incident occur?

### Item(s) Involved

List damaged/lost items and serial numbers if applicable

### Brief Description of Incident

Describe how the damage or loss occurred

### Action Taken

List any immediate steps taken

## Declaration

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

## Signature

Sign or type your name

## 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.