

Damage and Loss Report Form

1. Logistics Company Details

Company Name

Contact Person

Contact Phone

Contact Email

2. Shipment Details

Shipment/Tracking Number

Date of Shipment

Origin

Destination

3. Incident Details

Date of Incident

Location of Incident

Type of Incident

Description of Incident

4. Damaged/Lost Item(s) Details

Item Description

Quantity

Estimated Value

Condition Before Incident

5. Action Taken

Describe any immediate action taken (e.g. photos taken, carrier informed, insurance notified):

6. Declaration

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

Reported By (Name & Signature)

Date

Important Notes

- Submit this form as soon as possible after a damage or loss is identified.
- Include relevant supporting documents (e.g. photos, delivery receipts, correspondence).
- Providing incomplete or inaccurate information may delay the claim processing.
- Retain a copy of this form and all supporting documents for your records.
- Report damages or losses to your insurance provider if applicable.

