

Insurance Loss Notice Record Format (Logistics)

Basic Information

Date of Notice: _____

Insurance Policy No: _____

Insured Party Name: _____

Contact Information: Phone: _____ Email: _____

Logistics Provider: _____

Shipment Reference: _____

Incident Details

Date & Time of Loss: _____

Location of Loss: _____

Description of Incident: _____

Type of Loss or Damage: Damage
 Theft
 Loss in Transit
 Other: _____

Goods Information

Description of Goods: _____

Quantity: _____

Value of Goods: _____

Condition Upon Receipt: _____

Supporting Documents

Attached Documents: Delivery Receipts
 Photographs
 Police Report
 Invoice
 Others: _____

Declaration

Declared By: _____

Signature: _____

Date: _____

Important Notes

- This document should be completed promptly after any loss or damage is identified.
- Provide accurate and detailed information to expedite claim processing.
- All supporting evidence should be attached to this notice when submitted to the insurer.
- Retain a copy of this document and all attachments for your records.
- False or incomplete information may result in denial of the insurance claim.