

Insurance Loss Notice Record Format (Logistics)

Basic Information

Date of Notice:	<div></div>	
Insurance Policy No:	<div></div>	
Insured Party Name:	<div></div>	
Contact Information:	Phone: <div></div>	Email: <div></div>
Logistics Provider:	<div></div>	
Shipment Reference:	<div></div>	

Incident Details

Date & Time of Loss:	<div></div>
Location of Loss:	<div></div>
Description of Incident:	<div></div> <div></div>
Type of Loss or Damage:	<div><div><input type="checkbox"/> Damage</div><div><input type="checkbox"/> Theft</div><div><input type="checkbox"/> Loss in Transit</div><div><input type="checkbox"/> Other: <div></div></div></div>

Goods Information

Description of Goods:	<div></div>
Quantity:	<div></div>
Value of Goods:	<div></div>
Condition Upon Receipt:	<div></div>

Supporting Documents

Attached Documents:	<div><div><input type="checkbox"/> Delivery Receipts</div><div><input type="checkbox"/> Photographs</div><div><input type="checkbox"/> Police Report</div><div><input type="checkbox"/> Invoice</div><div><input type="checkbox"/> Others: <div></div></div></div>
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Declaration

Declared By:	<div></div>
Signature:	<div></div>
Date:	<div></div>

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.