

Goods Damaged/Lost in Transit Report

Report No.:

Date of Report:

Reported By:

Consignment Details

Consignor Name:

Consignee Name:

Transporter/Carrier:

Invoice No.:

LR/AWB No.:

Date of Dispatch:

Details of Goods Damaged/Lost

Item Description	SKU/Code	Qty Dispatched	Qty Damaged/Lost	Remarks

Details of Damage or Loss

Date of Receipt:

Physical Condition at Receipt:

Actions Taken

Signature of Reporting Officer:

Date:

Important Notes:

- This report should be completed as soon as the damage or loss is noticed.
- Attach supporting documents such as photographs, delivery receipt, or invoice.
- Notify the carrier and insurance provider promptly to process claims.
- Keep a copy of the completed report for future reference and audit.

