

LOSS / DAMAGE REPORT

Format No.:	<input type="checkbox"/> Loss Report	Report No:
Rev. No. :	<input type="checkbox"/> Damage Report	Report Date:
Rev. Date. :		

<i>Internal References</i>						
Shipment Ref. No.	Shipped Date	Order No.	Material ID	Material Qty	Values	BL No.

Description of Shipment

Destination	Nos. of Days	Insurance No.	Description of Insurance on Loss / Damage

Loss / Damage Date & Time	Responsible person	Authority	Details

Description of Loss / Damage

<i>Item Loss / Damage</i>					
Particulars	Item Name	Qty	Value	Repair / Recovery / Loss / damage status	

Investigation / Impact – Corrective Actions / Preventive Actions

Nature of Loss / Damage	Responsible Agency	Current Location of Material	Contacts

Remarks	Prepared by
	Approved by