

# LOSS / DAMAGE REPORT

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

## Internal References

Shipment Ref. No.	Shipped Date	Order No.	Material ID	Material Qty	Values	BL No.

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

Loss / Damage Date & Time	Responsible person	Authority	Details

<u><b>Description of Loss / Damage</b></u>
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## Item Loss / Damage

Particulars	Item Name	Qty	Value	Repair / Recovery / Loss / damage status

## Investigation / Impact – Corrective Actions / Preventive Actions

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

Remarks
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	Prepared by
	Approved by