**Logistics Department**

**Loss and Damage Claims Procedure**

**REQUEST FOR INSPECTION**

|  |
| --- |
| General Information |
| Date Created: |  | Created By: |  |
| Telephone: |  | Fax: |  | E-Mail: |  |
| The following described shipment was received in a damaged condition. Please arrange for an inspection. |
| Receiving Location: |  |
| Street Address: |  | State: |  | Zip: |  |
|  |  |  |  |
| Description of Shipment |
| Ship Date: |  | Received Date: |  | Delivering Carrier: |  |
| Carrier Pro #: |  | Prepaid: |  | Collect: |  | Unknown: |  |
| Pieces: |  | Weight: |  | Charges: |  |
| Shipper: |  |
| Street Address: |  | State: |  | Zip: |  |
| Product Description: |  |
|  |
| Description of Damage |
| Describe OS&D in Detail: |  |
|  |
|  |
| No. of Cartons Involved: |  |  |  |
| Driver’s Signature: |  | Date: |  | Carrier Name: |  |
| Unloaded Signature: |  | Date: |  | Estimated Loss: |  |
| Documents (check below): |  |  |  |
| Freight Bill Signed by Driver: |  | Receiving Record: |  | Inspection Report: |  |
| Photos Available: |  | Packaging Available: |  |  |  |
| If Packaging is Not Available, Describe Circumstances: |  |
| Damaged Merchandise & Packaging Location: |  |
|  |
| Signed By (Receiving Supervisor): |  | Date: \_\_ |  |