**Logistics Department**

**Loss and Damage Claims Procedure**

**CARRIER WAIVER OF INSPECTION**

**Re: PRO No.**

Dear Carrier:

This is to confirm your waiver of inspection on shipment numbered above, dated ,

from (shipper) .

The damaged items are:

and the invoice value does not exceed $ .

Joint inspection has been waived. The waiver is not an admission of liability. This report **IS NOT A CLAIM** in and of itself. If a claim is to be filed, a copy of this report will be attached to our claim when it is sent to your Claims Department.

Cordially yours,

Signed: Title: Date:

|  |
| --- |
| Shipment Information |

Carrier Freight Bill No.: Dated: Date Report Concealed:

Shipper: Damaged to Carrier:

Consignee: Description of Shipment:

Describe Damage:

1. If damage was noted at the time of delivery, what was the condition of the container that indicated the loss or damage occurred while in the possession of the carrier?

1. Was the damaged merchandise moved, after delivery by the carrier, to some other place before damage was discovered? [ ]  Yes [ ]  No If yes, please explain:

1. Container was: [ ]  Cardboard [ ]  Wooden

 Do you think freight was properly packed? [ ]  Yes [ ]  No, explain

1. If the carton was in good condition at the time of delivery and the damage was not noted until unpack, how would you determine who is responsible for the damage? Please explain:

1. Did you see anything about the way the material was packed or manufactured that would indicate who is responsible for the damage? Please explain:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Consignee |  | Title |  | Date |

**This report is merely a statement of facts. If a claim is to be filed, it will be filed in writing promptly, in any event, within 9 months from the date of delivery.**