

# Accidental Damage / Loss Notification

## 1. Notifier's Information

Name:

Department/Unit:

Contact Number:

Email Address:

## 2. Item Information

Item Name/Description:

Asset/Serial Number:

Location of Item:

Date of Incident:

Time of Incident:

## 3. Incident Details

Please describe the incident (how the damage/loss occurred):

Any witnesses or additional information:

## 4. Declaration

I declare that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Notifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by (Name & Signature)

