

Cargo Damage Incident Report

Report Date:

Report No.:

Insured Name:

Policy Number:

Claim Number:

1. Cargo Details

Description of Cargo:

Quantity/Weight:

Value:

Packaging Type:

2. Voyage Details

Vessel Name:

Voyage No.:

Bill of Lading No.:

Port of Loading:

Port of Discharge:

Date of Departure:

Date of Arrival:

3. Incident Details

Date & Time of Incident:

Location of Incident:

Nature of Damage:

Brief Description of Incident:

Discovered by (name/title):

4. Survey & Inspection

Date of Survey:

Surveyor Name:

Inspection Findings:

5. Supporting Documents (Attached)

Bill of Lading:

Survey Report:

Photos:

Other (specify):

6. Declaration

Reported by (Name):

Position:

Signature:

Date:
