

# CARGO DAMAGE REPORT

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## SECTION 1: SHIPMENT IDENTIFICATION

Shipment Booking Number: \_\_\_\_\_

Bill of Lading (B/L) Number: \_\_\_\_\_

Freight Bill / Pro Number: \_\_\_\_\_

Date of B/L: \_\_\_\_\_

Date of Delivery/Discovery: \_\_\_\_\_

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## SECTION 2: PARTY INFORMATION

SHIPPER	CONSIGNEE
Name:	Name:
Address:	Address:
City/State/ZIP:	City/State/ZIP:
Phone:	Phone:
Email:	Email:

Reporting Party: ☐ Shipper ☐ Consignee ☐ Carrier ☐ Other: \_\_\_\_\_

Reporting Party Name/Title: \_\_\_\_\_

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## SECTION 3: SHIPMENT DETAILS

Field	Information
Point of Origin	_____
Final Destination	_____
Routing / Via	_____
Carrier Name	_____
Container/Vehicle Number	_____
Mode of Transport	<input type="checkbox"/> Ocean <input type="checkbox"/> Air <input type="checkbox"/> Land <input type="checkbox"/> Rail <input type="checkbox"/> Multi-modal
Total Shipment Weight (kg/lbs)	_____
Total Number of Units/Pallets	_____

## SECTION 4: CARGO DESCRIPTION

NFMC Item Number (if applicable): \_\_\_\_\_

Description of Cargo:

\_\_\_\_\_

\_\_\_\_\_

Original Invoice Amount: \$ \_\_\_\_\_

## SECTION 5: DAMAGE TYPE CLASSIFICATION

Select the primary type(s) of damage:

- ☐ **Water/Moisture Damage** – Exposure to rain, seawater, or condensation
- ☐ **Physical Damage** – Dents, crushes, breaks, tears, or punctures
- ☐ **Contamination** – Chemical spills, stains, or foreign material
- ☐ **Temperature Damage** – Freezing, heat-related spoilage
- ☐ **Theft/Pilferage** – Missing items or partial loss
- ☐ **Handling Damage** – Poor stacking or securing
- ☐ **Accident Damage** – Collision, impact, or transportation incident
- ☐ **Other** – Specify: \_\_\_\_\_

# SECTION 6: DETAILED DAMAGE ASSESSMENT

**Extent of Damage:**

- Number of affected units/items: \_\_\_\_\_
- Total units in shipment: \_\_\_\_\_
- Percentage of shipment affected: \_\_\_\_\_

**Damage Severity:**

- ☐ **Minor** – Surface damage, minor cosmetic issues
- ☐ **Moderate** – Partial functionality loss, repairable
- ☐ **Major** – Total loss or non-functional, not salvageable
- ☐ **Catastrophic** – Complete destruction

**Detailed Description of Damage:**

**Root Cause Analysis:**

- ☐ Improper Packaging
- ☐ Inadequate Protection/Cushioning
- ☐ Poor Stowage/Securing
- ☐ Handling Error
- ☐ Environmental Exposure
- ☐ Carrier Negligence
- ☐ Shipper Error
- ☐ Third-party Damage
- ☐ Unknown Cause

**Explanation:** \_\_\_\_\_

# SECTION 7: FINANCIAL IMPACT

**Repair/Replacement Cost Assessment:**

Item	Cost
Cost to Repair	\$ _____
Cost of Replacement	\$ _____
Salvage Value	\$ _____
Total Claim Amount	\$ _____

**Is cargo salvageable/repairable?**

☐ Yes – Estimated repair cost: \$ \_\_\_\_\_

☐ No – Total loss (requires replacement)

☐ Partial – Some units salvageable

**Detailed Cost Breakdown:**

\_\_\_\_\_

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**SECTION 8: SUPPORTING DOCUMENTATION**

Attach the following documents to support this claim:

- ☐ Original Bill of Lading
- ☐ Paid Freight Bill / Invoice
- ☐ Commercial Invoice or Price List
- ☐ Delivery Receipt (Proof of Delivery)
- ☐ Photographs of Damaged Cargo (minimum 3 angles)
- ☐ Pre-shipment Photographs (if available)
- ☐ Inspection Report / Survey
- ☐ Repair Estimate or Invoice
- ☐ Packing List
- ☐ Insurance Policy (if applicable)
- ☐ Other: \_\_\_\_\_

**Evidence Provided (describe photos/documents attached):**

\_\_\_\_\_

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**SECTION 9: CARRIER INFORMATION**

**Responsible Carrier Name:** \_\_\_\_\_

**Carrier Contact Person:** \_\_\_\_\_

**Carrier Phone/Email:** \_\_\_\_\_

**Carrier Inspection Performed:** ☐ Yes ☐ No

**Carrier Inspector Name/ID:** \_\_\_\_\_

**Carrier Inspector Comments:**

\_\_\_\_\_

\_\_\_\_\_

## SECTION 10: CLAIM INFORMATION

**Claim Reference Number (if available):** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**Third-party Liable (if applicable):** ☐ Yes ☐ No

**If Yes, Name & Contact:** \_\_\_\_\_

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## SECTION 11: AUTHORIZATION & SIGNATURES

**Prepared By:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved By:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION 12: ADDITIONAL NOTES & COMMENTS

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**IMPORTANT NOTICE:** This report must be submitted within the timeframe specified in the freight contract or insurance policy to preserve claim rights. Contact your carrier or insurance provider immediately upon discovery of damage. Retain all documentation for claim processing.