



Survey Report

PLEASE PRINT

CARRIER'S OCP #: 01-119-89

DATE OF DISCHARGE: _____

REFERENCE #: _____

DATE OF DELIVERY: _____

CLAIMANT (Mr./Mrs./Ms.): _____

DATE OF NOTIFICATION: _____

VES/VOY/BOL: _____

SURVEY PERFORMED BY:

AMOUNT OF CLAIM IN USD:\$ _____

CARRIER: _____

INDEPENDENT SURVEYOR: _____

SURVEY REQUESTED BY: _____

DATE SURVEY PERFORMED: _____

PLACE SURVEY PERFORMED: _____

DETAILED DESCRIPTION OF DAMAGE:

HOW WERE GOODS PACKAGED: (Please check appropriate boxes)

CRATES BOXES VISQUEEN OTHER: _____

PALLETS SHRINK WRAPPED BANDED

EXTERNAL CONDITIONS UPON INSPECTION: (Please check appropriate boxes)

WET PILFERED OTHER: _____

CRUSHED DENTED

WHAT CAUSED THE DAMAGE: (Please check appropriate boxes)

PILFERAGE PACKAGING OTHER: _____

STOWAGE HANDLING

INVOICE VALUE OF MERCHANDISE DAMAGED OR SHORT IN USD:\$ _____

IS CLAIMANT WILLING TO ACCEPT A PERCENTAGE LOSS AND KEEP THE CARGO? YES NO

IF YES, WHAT IS THE PERCENTAGE OR DOLLAR AMOUNT REQUESTED? _____

PHOTOS TAKEN BY: _____ REPORT PREPARED BY (Print): _____

COPY OF PHOTOS SENT: YES NO

**THIS SURVEY MUST BE COMPLETED IN ITS ENTIRETY.
FAILURE TO DO SO WILL RESULT IN DELAY OF SETTLEMENT**