

INSPECTION REPORT

Freight Bill / Pro Number _____

IMPORTANT - PLEASE DO NOT DISCARD THE CARTON/PACKAGING OR ANY PACKING MATERIALS.

**NOTE: If there are multiple items damaged, please complete a separate inspection report for each item.*

To file a claim, please provide the following information to the fullest extent possible. By providing photographs (of item(s) and packaging) and completing all information on this form; our ability to resolve your claim in a timely and efficient manner will be greatly enhanced.

STYLE / ITEM # _____ PRODUCT DESCRIPTION (sofa, chest, etc....) _____

Please describe the damage: _____

Was the packaging all intact? ____ YES ____ NO (please explain) _____

Was there damage to carton/packaging? ____ YES ____ NO If yes, please describe _____

Is the packaging still available? ____ YES ____ NO

Was the item received at a: ____ Truck level dock ____ Ground level dock ____ Curbside ____ Other - _____

Where is the freight now? _____

Is it possible that the damage is a manufacturer defect or a result of insufficient packaging? ____ NO ____ YES (please explain) _____

Is this an imported product? ____ YES ____ NO

Could this item be repaired? ____ YES ____ NO Is there a local agent capable of making the repairs? ____ YES ____ NO

If not repairable, please explain. _____

REPLACEMENT NEEDED ____ YES ____ NO

If replaced; could the damaged/repared piece be sold to recoup some of the repair/replacement costs. ____ YES ____ NO

Was the damaged discovered before being moved from the original delivery location? ____ YES ____ NO

Who discovered the damage? _____ When (Date & Time): ____/____/____ : ____

Describe the type of packaging (carton, shrinkwrap, bubble, etc.): _____

Please check all that were used in packing:

Corner Pads ____ Plastic Wrap ____ Wooden skid(runners) ____ Kraft Paper ____ Bottom Tray ____

Styrofoam Filler ____ End Caps ____ Other (specify) _____

Were the legs or bottom of the damaged item suspended or resting on? ____ Suspended ____ Skid ____ Pads ____ No protection

If cartoned, was item protected with: ____ Foam wrap ____ Styrofoam ____ Cloth wrap ____ Other ____ Nothing additional ?

Does the packaging indicate (circle all that apply): Top - Bottom - Front - Back - Arrows - Fragile - Caution - Glass

Other (please describe): _____

PLEASE NOTE: This Damage/Loss Claim Form is merely a process of stating observations and facts about the items listed thereon and in no way acknowledges carrier liability. Upon receipt of these completed forms, Ideal Transport, Inc. will consider the information you have provided and any further investigation and/or interview performed at our discretion. If after a review of the information listed on this form a valid claim is accepted; a process of resolution will begin.

Please retain all cartons and packaging until the claim is resolved; failure to do so may void your claim or reduce any compensation for damage or loss. Thank you for cooperating with our damage/loss policy guidelines and requirements. A copy of our damage/loss policy and form is available upon request.

Form completed by: _____ Date: _____

If additional information or pages have been sent or attached, please notify us below.

____ *YES ____ NO *If yes, please note number of additional pages: _____