

Cargo Shipping Loss Assessment Form

Shipper Information

Name

Contact

Address

Cargo Details

Description

Type

Quantity

Weight

Shipping Information

Vessel Name

Voyage Number

Bill of Lading

Port of Departure

Port of Arrival

Departure Date

Arrival Date

Loss Incident Details

Date of Loss

Location

Description of Loss

Cause of Loss

Assessment

Assessment Findings

Insured Value

Estimated Loss Value

Assessor Information

Name

Company

Assessment Date