



University of California, Santa Barbara Report of Transit Loss

INSTRUCTIONS

Use the Report of Transit Loss form to report loss or damage to UC property in transit & make a claim for reimbursement. Submit to UCSB Risk Management.

DEPARTMENT

Date of Report: _____ Campus: **SANTA BARBARA** UCSB P.O./Shipping Request No: _____

Department: _____ Dept. Account No.: _____ Fax: _____

Employee Name: _____ Address: _____

Dept. Contact: _____ Email: _____ Ph: _____

SHIPPING INFORMATION

Shipping Date: _____ Shipment from: _____

Packed by: _____ Shipment to: _____

Common Carrier: _____ Address: _____ Ph: _____

PROPERTY DESCRIPTION

UC Property ID No: _____ Is property new or used? New Used Replace or repair req'd? Replace Repair

Description of property (if necessary attach detailed list of property and values):

LOSS INFORMATION

Date of Loss: _____ Date when damage/exception discovered: _____ Time when damage/exception discovered: _____

Location where damage/exception discovered: _____

Was damage/exception noted upon delivery: Yes No Was damage/exception noted on carrier's bill of lading: Yes No

If hidden damage, describe circumstances of discovery: _____

Date carrier was notified of damage/exception: _____ Date carrier was notified of intent to file claim: _____

Was shipment stored or transferred enroute: Yes No Explain: _____

Cause of loss or damage: _____

Description of loss or damage: _____

What is disposition of salvage (if applicable): _____

- Total value of damaged or lost property \$ _____
- a. Cost to repair or replace \$ _____
- b. Transit carrier payment..... \$ _____
- c. Portion reimbursable under excess insurance \$ _____
- d. Value of salvage (if applicable)..... \$ _____
- e. Net value of transit claim \$ _____

DOCUMENTATION

Original PO/Agreement/Invoice for Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photographs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bill of Lading/Shipping Contracts & Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice of Exception/Damage to Carrier:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier Inspection Report:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Documents Against Carrier:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed List of Property & Values:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report No: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No