



# 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 |