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# Breakage / Damage Report

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Client's Name:

\_\_\_\_\_

Client's Address:

\_\_\_\_\_

Date of Occurrence:

Time of Accident:

\_\_\_\_\_

What was broken or damaged?

\_\_\_\_\_

\_\_\_\_\_

How did the breakage or damage occur? Please be specific:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone see what happened?

If so, who?

\_\_\_\_\_

\_\_\_\_\_

Did you notify the Team Manager of the incident?

Has the client been notified of the accident? How?

\_\_\_\_\_

\_\_\_\_\_

This report must be completed by the employee responsible for the breakage / damage and reviewed by any employee(s) who witnessed the incident. It must be turned over to the the Team Manager who is responsible for returning this form to the office. **NO EMPLOYEE IS AUTHORIZED TO OFFER ANY SETTLEMENT TO CLIENTS WITH RESPECT TO ACCIDENTAL BREAKAGE / DAMAGE DONE TO CLIENT'S PROPERTY. ALL SETTLEMENTS WILL BE MADE DIRECTLY BETWEEN THE CLIENT AND THE COMPANY AND THE COMPANY'S INSURANCE COMPANY.**

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to the Incident's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to the Incident's Signature: \_\_\_\_\_

Date: \_\_\_\_\_