
Breakage / Damage Report

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 else see what happened?

If so, who?

Did you notify your 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: _____