

## LOSS/DAMAGE FORM

TITLE & NAME OF PERSON FILLING OUT FORM \_\_\_\_\_

CUSTOMER \_\_\_\_\_ CUSTOMER CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOMENTIVE DELIVERY # \_\_\_\_\_

CUSTOMER PO # \_\_\_\_\_ MOMENTIVE ORDER # \_\_\_\_\_

MOMENTIVE ITEM # AND/OR DESCRIPTION \_\_\_\_\_

MOMENTIVE BATCH # \_\_\_\_\_

QUANTITY DAMAGED/SHORT \_\_\_\_\_ UOM \_\_\_\_\_

CARRIER PRO#/WAYBILL # \_\_\_\_\_

DO YOU NEED A REPLACEMENT? **Y / N**

WAS THE MATERIAL RECEIVED ON A PALLET? **Y / N**

STRAPPED TO PALLET? **Y / N**

DID THE MATERIAL APPEAR TO HAVE BEEN REMOVED FROM PALLET? **Y / N**

DID THE OUTER BOX HAVE DAMAGE? **Y / N**

IF THE OUTER BOX INCLUDED A SHOCKWATCH<sup>®</sup>,  
DID THE SHOCKWATCH TURN RED (INDICATING A SHOCK DURING TRANSIT)? **Y / N / N/A**

IF YES,  
PLEASE DESCRIBE (INCLUDE ALL PHOTOS – material inside trailer, useable & damaged portions, labels, etc):

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NAME, PHONE NUMBER AND DATE OF CARRIER REPRESENTATIVE YOU SPOKE WITH WHEN NOTIFYING OF  
DAMAGE/SHORTAGE ALONG WITH EXCEPTION NUMBER (IF APPLICABLE):

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## Concealed Damage

\*Materials need to be inspected within 5 days of receipt

If there is **Concealed Damage**, contact the carrier and:

- Provide notification of the damage
- Provide the Pro Number (located on the Delivery Receipt/Proof of Delivery) to the carrier and inform them it needs to be returned to the shipper.
  - The carrier will arrange pickup.
- Fill Out the Above Document and send to your Momentive Customer Service Representative.