STATEMENT OF LOSS OR DAMAGE AT DELIVERY

DEPARTMENT OF DEFENSE PERSONAL PROPERTY PROGRAM
NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY
(This is not a Claim)

NAME OF OWNER | RANK/GRADE | WEIGHT OF SHIPMENT

PPBOL/ORDER NO. | TSP NAME | SCAC CODE | PICK UP DATE | TSP REFERENCE NO.

GENERAL INSTRUCTIONS: The customer (or their designated representative) and the Transportation Service Provider (TSP's) delivery representative must jointly complete this document. You must list on this document all new damage and any missing items you notice before the TSP's representative leaves your home. If you find loss or damage at delivery, you must list it on this document.
If no loss and/or damage is discovered at the time of delivery, write "NONE" in the space provided:
DO NOT for any reason, leave this document blank. If required, use multiple copies of this document.

NOTED LOSS AND OR DAMAGE

INV. NO.	ITEM	DESCRIPTION OF DAMAGE (If missing, so specify.) (Electronic items, provide brand & model number)

The purpose of this document is to provide the TPS notice of loss or damage discovered at the time of delivery. See the Notice of Loss or Damage **AFTER** Delivery document for instructions on how to file your claim on line. You must give the TSP notice of all loss or damage by submitting this document and the Notice of Loss or Damage **AFTER** Delivery document within 75 days of delivery. You will not be paid by either the TSP or the Government for any item not listed on these documents. Furthermore, you will not be paid for items listed on the Notice of Loss or Damage **AFTER** Delivery document unless it is dispatched to the TSP within 75 calendar days of delivery.

THIS IS NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY: By signing below, I acknowledge receipt of one (1) copy of the Notification of Loss or Damage AT Delivery document. I understand that I have 75 days from delivery to identify and list further loss or damage not discovered at delivery on the Notification of Loss or Damage **AFTER** Delivery document. I understand I must mail, fax or dispatch electronically the Notice of Loss or Damage **AFTER** Delivery document to the TSP identified below within 75 days of delivery. I understand I will not be paid by either the TSP or the Government for any item not listed on these documents.

ACKNOWLEDGEMENT BY CUSTOMER OR THEIR DESIGNATED REPRESENTATIVE
(complete as applicable and sign below)

Unpacking, Partial Unpacking and removal of packing material, boxes, cartons, and other debris was (check one)

Performed___ Not Performed___ Waived___ TSP will return___

Signature of the customer (or their designated representative) X_____

Received for delivery at:

Street Address

City **State** **Zip**

Telephone Number

Signature of the customer (or their designated representative) **Date**

Name/Address of Transportation Service Provider (TSP)
Authorized Claims Agent for TSP
National Claims Services, Inc.
1225 Gardner Road
Broadview, IL 60155

800-325-6889 **708-345-5218**
Telephone Number **Fax Number**

TSP Signature **Date**

Figure U.Q-3. Notice of Loss or Damage AT Delivery

CARRIER COPY