

Skandpol Eksport Kamila Czoska-Brechelke Młyńska 16A/2 84-230 Rumia NIP: PL588-212-52-60 Contact: +48 509-939-948

City, date:	
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DAMAGE REPORT *

Name/company name: Driver's data: Driver (name and surname):		·					
Dan	nage - place of occurrence:	Vehicle	Unloadi point	ng	Other	please specify	
Deta	ailed description of the event:						
	tographic documentation is absoress: reklamacje@skandpol.eu	utely necessary to	o start the co	omplaint procedu	re, please forw	vard the photos al	ong with the protocol to the following email
Νō	Item name	6	Item number from the invoice	Quantity according to the invoice	Actual quantity	Quantity of the damaged items	Description of the damage
1							
2							
3							
4							
5							
6							

I do not question the **quality** and **quantity** of the other products.



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La	rrier	- 3	SIU	Hat	ule
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* The report remains valid provided that it is written down at the time of unloading and sent along with photographic documentation by e-mail on the day of unloading.

City, date:	
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Date, stamp and legible signature of the Recipient

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SK/NNDPOL EKSPORT

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