

DAMAGE REPORT *

The recipient's details:

Name/company name: Authorized person:..... Phone
number:.....

Driver's data:

Driver (name and surname): Forwarder name:.....License plate number:ID number:.....

Damage - place of occurrence:

Vehicle ☐ Unloading point ☐ Other ☐ please specify.....

Detailed description of the event:

Photographic documentation is absolutely necessary to start the complaint procedure, please forward the **photos** along with the **protocol** to the following **email:** reklamacje@skandpol.eu

Nº	Item name	Invoice item number	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.



Skandpol Eksport Kamila Czoska-Brechelke
25, 84-240 Reda
NIP: PL588-212-52-60
Contact : +48 509-939-948

City, date:

Ogrodników

Carrier's signature

.....

Date, stamp and legible signature of the Recipient

.....

** 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.*



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