

Place of Survey Complete Address :-

		Joint Inspection Report		Ref No.:-
		Nature of Packing:		
LR/GR				
Carrier				
GR/LR #				
GR/LR Date				
Consignor				
Consignee				
Voyage From	To			
No of Packages as per GR				
Vehicle No. :-				
Was it covered with Tarpulin	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Documents Collected	Invoice			
Packing	Cause of Loss			
Shown	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Condition at Survey			Jerks & Jolts	<input type="checkbox"/> Water Damage
			Accident	<input type="checkbox"/> Transhipment
			Burglary/Theft/	<input type="checkbox"/> Non Delivery
			Hijack	<input type="checkbox"/>
			Salvage	<input type="checkbox"/>
			Salvage Offer	<input type="checkbox"/>
			Destruction	<input type="checkbox"/>
			Yes / No	<input type="checkbox"/>
Damage Material to be kept in safe custody prudently to avoid loss exaggeration				
Person Present			Yes / No	<input type="checkbox"/>
GR/LR	<input type="checkbox"/> FIR			<input type="checkbox"/> Others

Notes

Name, Contact & Sign of Consignor/Consignee with Stamp

This Joint Inspection Report is only for quantification of loss/damage. The recovery of loss from Insurers depends on terms & condition of Ins. Policy.