**LOSS & DAMAGE FORM**

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| LOSS & DAMAGE FORM NO: |  |
| DATE: |  |
| REPORTED BY: | *[Name, Job Title and Department of individual reporting L&D]* |
| ITEM LOST OR DAMAGED: |  |
| LOCATION: |  |
| DESCRIPTION OF EVENTS (provide timeline of events): |  |
| VALUE OF ITEM(S):(include currency) |  |
| REPAIR FEE (if applicable, include currency): |  |
| REPLACEMENT FEE (If applicable, include currency): |  |
| INSURANCE CLAIM (Y/N): | [Will an insurance claim be pursued? Of what value?] |
| INSURANCE EXCESS/DEDUCTIBLE: |  |
| DETAILS/ACTION FOR CLAIM: |  |
| PLAN TO MITIGATE A REPEAT OF THIS INCIDENT: |  |

APPROVED BY LINE PRODUCER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please distribute this document immediately to:** Amazon Production Executive, Amazon Studios Production Co-ordinator, Insurers, Producers, lzechowy@amazon.com