This Damage report must be completed, signed by the employee and submitted to the Production Office within 24 hours of the damage.

If there will be an anticipated cost involved in the repair/replacement of the item(s) listed below, a Purchase Order must also be completed and returned along with a copy this report attached.

Production Name	Production Company
Have three quotes of this repair b	een provided 🗌 Yes 🔲 No - Note
PO # for replacement or repair (if	f applicable):
Is the item(s) a production asset	t? ☐ Yes ☐ No
Is the item(s) part of an individual's or company's box / Vehicle rental Yes No	
Name of Employee / Person subn	nitting this form
Phone:	Email:
Department:	Position:
Today's Date:	Date of Damage:
•	olease include brand name/specific identifying information:
Police Crime Reference No# (if a	pplicable):
, ,	d (if known):
mamor io whom damage cooding	2 (11 (11 (11 (11 (11 (11 (11 (11 (11 (1
Location of damage:	
Photos attached NB: Please n	ote that attaching the photos of the damage is mandatory, we canont process this without.
Is the item(s) repairable? ☐ Yes	
	Description)
Approximate Replacement Cost_	
Approximate Repair value Cost:_	
Repair / Replacement supplier inf Name/company:	ormation (mandatory):
Address:	
Phone No.:	
If the damaged is rented, Vendor	information:
Name:	
Address: Phone No.:	
Tyre Repairs	
	uncture repairs, WBD have a master services agreement with a preferred vendor at set rates. fice for contact details.
Is the item(s) part of an individual production?: ☐ Yes ☐ No	's or company's equipment Box rental and a certificate of insurance has been issued by
	Investigation required?
EMPLOYEE SIGNATURE	UPM SIGNATURE PRODUCTION SECURITY SIGNATURE PRODUCTION EXEC