

INTERNAL CARGO DAMAGE REPORT

AWB NO: 444-57887678

CARGO CLAIMS

Loss prevention program

General Information

Reported By hffvf	Incident Date 2019-08-21	Incident Time 03:00	Reporting station YQV
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Job Function
fdgsdfd

Airway Bill and Flight Information

Airline ULS Airlines Cargo	Movement inbound	Transport Type truck	Number 67868
Master Airway Bill 444-57887678	Date 2019-08-21	Airport Of Origin Hall Beach Airport-YUX	Airport Of Destination Grande Prairie Airport-YQU

Shipment Information

Content Nature kkf	MAWB Total Pieces 7	Actual Received Pieces 85	Consignee Name sdrrr
Shipper Name fghgf	MAWB Total Kilograms -----	Actual Received Kilograms -----	Issuing Agent mngjhddfgf

Damage Information

Method Of Packing Crate,Frame,keert	Identification No ukytjd	Safety Threat No	Affected House AWB'S kghjytu,dfgdf,rtyrty
Damage to Packing Broken,Tape torn,Tape loose,pravee	Content Affected No	Items Missing No	Condition Of Content Dented,Sick,Unknown,giris
Suspected of Pilferage No	Affected Pcs -----	Items Missing Pcs -----	Affected Weight -----
Items Missing Kg -----	Recuperation Required No	Recuperation Status Contents repacked,Package corded,Package strapped,phani	Classification Type Minor - Small tears, dents or scratches to the outer packaging only

Investigation and Responsibility

Damage Discovered During unloading	Discovers By Caused discoveredby	Internal Name nmfhjr	Internal Group j
Internal Code 75	Internal Responsibility external	Internal Area -----	Area Supervisor -----
Exact Location -----	Locaton Id -----	Cause Of Event -----	

Upload Pictures and Documents

Damage Images

vCare Home Health Services
 Nurse: Test_Nurse

Legal forms | Cognitive Assessment | Disease Assessment | Infection Control all visits | Rate Card | **SUBMIT ASSESSMENT**

Physiotherapy / Legal forms

Consent | Diet/Know How | Hippa Authorization

Patient Consent

Patient Name: DGB

Please Read & Sign the Respective Consent Prior to First Visit (Tick what is applicable)

Consent For Treatment

Consent For Agreement of Stay, Food & Transportation

Consent For Agreement of Stay, Food & Transportation

(please print name) am voluntarily seeking medical care and treatment from At Home vCare Home Health Services, give permission to the clinical staff of vCare HHB to examine me/my family member, make diagnoses, and provide treatment to me/my family member in accordance with the information, explanations and recommendations provided by external source.

(please print name) am voluntarily seeking help from At Home vCare Home Health Services, to help me provide

vCare Home Health Services
 Physiotherapy: Praveen, PT

Evaluation Work Sheet | Period of Care: None | **Rate Card** | **SUBMIT ASSESSMENT**

Discipline	Care Plan	Days	Days a Week	Hours per Day	Amount
<input type="checkbox"/> Nursing		7	Days a Week	2	€ 2000
<input type="checkbox"/> Physiotherapy		7	Days a Week	2	€ 2000

Plan A Smith Angela Plan / Basic Economy Health Maintenance

Plan B Ananya Sree Plan / Affordable Regular Health Maintenance

Plan H1 Hridya Sankar Plan / Care your Heart (CHF, CAD, Basic)

Plan H2 Hridya Sankar Plan / Post Operative care (CHT, CAD)

Plan O1 Cheerga Vign Plan 2 / Orthopedic Rehab/Pre Op Joint Maintenance

Plan O2 Cheerga Vign Plan 2 / Orthopedic Rehab/Post Op Joint Maintenance

Plan N Shurvi Shakti Plan 2 / Parkinson/Dementia Rehab

Plan W Jeevan Deepam Plan / Visual, Diabetic, Ocular, etc care

Rate Card

Plan	Discipline	Days a Week	Hours per Day	Amount
Plan A	Nursing	7 Days a Week	2 Hours per Day	€ 2000.00
Plan A	PT	7 Days a Week	2 Hours per Day	€ 2000.00
Plan B	Nursing	7 Days a Week	2 Hours per Day	€ 2000.00
Plan B	PT	7 Days a Week	2 Hours per Day	€ 2000.00
Subtotal				€ 80000.00

Activate Windows
 Go to Settings to activate Windows.