

**EXTERNAL CARGO DAMAGE REPORT**

AWB NO: 444-57887678

**CARGO CLAIMS**

Loss prevention program

**General Information**

<b>Reported by</b> hffvf	<b>Reporting station</b> YQV	<b>Incident Date</b> 2019-08-21	<b>Incident Time</b> 03:00
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**Airway Bill and Flight Information**

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

**Shipment Information**

<b>Content Nature</b> kkf	<b>MAWB Total Pieces</b> 7	<b>Actual Received Pieces</b> 85	<b>Consignee Name</b> sdrrrr
<b>Shipper Name</b> fghgf	<b>MAWB Total Kilograms</b> -----	<b>Actual Received Kilograms</b> -----	<b>Issuing Agent</b> mngghjddfjg

**Damage Information**

<b>Method Of Packing</b> Crate,Frame,keert	<b>Identification No</b> ukytjd	<b>Safety Threat</b> No	<b>Affected House AWB'S</b> kghjytu,dfgdf,rtyrty
<b>Damage to Packing</b> Broken,Tape torn,Tape loose,pravee	<b>Content Affected</b> No	<b>Items Missing</b> No	<b>Condition Of Content</b> Dented,Sick,Unknown,giris
<b>Suspected of Pilferage</b> No	<b>Affected Pcs</b> -----	<b>Items Missing PCS</b> -----	<b>Affected Weight</b> -----
<b>Recuperation Required</b> No	<b>Recuperation Status</b> Contents repacked,Package corded,Package strapped,phani		

**Risk classification**

<b>Affected Weight</b> -----	<b>Calculated risk</b> [ Based on Montreal Convention 19 SDR per Kilogram ] -----
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**Classification Type**  
Minor - Small tears, dents or scratches to the outer packaging only

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: DOB: [ ]

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

Consent For Treatment

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

Evaluation Worksheet | Plan of Care | Notes | Rate Card | **SUBMIT ASSESSMENT**

Plan A: Smith Angus Plan / Basic Economy Health Maintenance

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 B: Anagra Sava Plan / Affordable Regular Health Maintenance

Plan H1: Holiday Season Plan / Care your Heart (CHF, COPD, Blood)

Plan H2: Holiday Season Plan / Post Operative care (Wt, COAG)

Plan O1: Cheong Yig Plan 2 / Orthopedic Rehab/Pre Op Joint Maintenance

Plan O2: Cheong Yig Plan 2 / Orthopedic Rehab/Post Op Joint Maintenance

Plan N: Shun's (Shun) Plan 2 / Parkinson's/Dementia Rehab

Plan W: Jovan (Jovan) Plan / Wound, 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
	PT	7 Days a Week	2 Hours per Day	€ 2000.00
Plan B	Nursing	7 Days a Week	2 Hours per Day	€ 2000.00
	PT	7 Days a Week	2 Hours per Day	€ 2000.00
<b>Subtotal</b>				<b>€ 80000.00</b>

Activate Windows  
Go to Settings to activate Windows.

Damage Report