

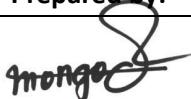
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Document Code:	PBC-LBR -001	Revision No.:	00
Document Title:	Lost and Breakage Report Process	Creation Date:	15-Dec-2025
		Effective Date:	05-Jan-2026

Document History Log

Status	Effective Date	Description of Change(s)	Initiated by

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1. PURPOSE

This procedure establishes a standard process for reporting, investigating, and processing loss or breakage incidents related to customer operations. It ensures accountability, proper documentation, and accurate payroll deductions for related charges.

2. SCOPE

This SOP applies to all Business Unit (BU) Admins, Recovery Specialists, Customer Care, and Payroll personnel involved in handling and processing Loss and Breakage Reports.

3. RESPONSIBILITIES

3.1 BU Admin

3.1.1 Initiates damage alerts, oversees investigation, gathers and submits documents, and inform Customer Care if the case involves employee dismissal.

3.2 Recovery Specialist

3.2.1 Records and tracks LBR cases, encodes details into the Deduction Tracker, and coordinates with Payroll.

3.3 Customer Care

3.3.1 Coordinates necessary actions for cases leading to dismissal and ensures compliance with admin and legal requirements.



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3.4 Payroll Team

3.4.1 Processes approved deductions based on signed documents (Authority to Deduct) and updates records accordingly.

4. PROCEDURE

4.1 Damage alert from BU Admin

4.1.1 The BU-Admin issues a damage alert in the Claims and Charges group chat immediately upon awareness of a loss or breakage incident.

4.1.2 The purpose of the alert is to notify the Recovery Specialist that a customer deduction related to loss or damage will be expected.

4.1.3 The alert must include the following details;

4.1.3.1 Customer Name

4.1.3.2 Date and nature of the incident

4.1.3.3 Description of the damage or lost item

4.1.3.4 Indicates whether the category is single damage or group damage.

4.2 Completion of Investigation and Submission of Documents

4.2.1 The BU-Admin coordinates an investigation of the incident with all concerned personnel with the help of customer concierge.

4.2.2 Once the investigation is completed, all required documents must be compiled and submitted to the BU-Admin.



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4.2.3 Required Documents

4.2.3.1 Incident Report

4.2.3.2 Notice to Explain

4.2.3.3 ATD Authority to Deduct Form (signed by the customer or concerned personnel)

4.2.4 If the result of the investigation leads to possible employee dismissal, the BU-Admin must immediately inform Customer Care to initiate the appropriate legal process.

4.2.5 After verification, the BU-Admin forwards all complete documents to the Recovery Specialist for recording.

4.3 Encoding in the Deduction Tracker

4.3.1 Upon receipt of the complete documentation, BU Admin encodes all case details into the Deduction Tracker.

4.4 Payroll Deduction Processing

4.4.1 Once encoded, the case will be scheduled for payroll deduction processing.

4.4.2 The deduction amount must strictly follow the signed ATD.

4.4.3 The Payroll Team processes the deduction during the next applicable payroll cycle as indicated in the Deduction Tracker.

4.4.4 The Recovery Specialist monitors and updates the tracker once the deduction has been completed.



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5. DOCUMENTATION AND RECORDS

5.1 All documents related to Loss and Breakage Reports (IR, NTE, ATD, and tracker records) must be securely filed to click up and retained for a minimum of one (1) year for audit and verification purposes.

6. ATTACHMENTS

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AUTHORITY TO DEDUCT FORM

Last Name: _____ First Name: _____

Site Code: _____ - _____ - _____ ID NO: _____ Date: _____

This is to authorize Expedise Warehouse Management Solutions Inc. to deduct the amount of **P** _____ from my salary. This will be deducted due to

PPE / Uniform Damages Overpayments
 Cash Advance Medical Others _____

Starting on _____ . **P** _____ per cut-off.

Signature

Approved by:

Last Name: _____ First Name: _____

Signature

NOTE: INCOMPLETE DETAILS AND UNSIGNED FORMS WILL NOT BE PROCESSED.



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NOTICE TO EXPLAIN



INCIDENT REPORT FORM

Incident Details				
Type of Incident	<input type="checkbox"/> Accident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Major Offense	<input type="checkbox"/> Grave Offense
Location	Date of Incident			
Involved Customer				
Full Name				Profile ID
Site Code	-	-		Date Hired
Description of Incident/Property				
Immediate Actions Taken				
Possible Cause				

Expedite Representative

Signature over Full Name/Date



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