GOODS IN TRANSIT CLAIM FORM

INSURED

Name of Insured:

Physical Address:

Code:

Postal Address:

Code:

Policy No:

VAT No:

Business Tel:

Cell No:

LOSS/DAMAGE DETAILS

Date of loss/damage:

Time:

AM/PM: AM PM

Description of goods concerned:

No. of packages:

Total weight:

Description of loss:

If goods were part only of consignment, describe nature of other goods and value:

Address from which goods were dispatched:

Code:

Date dispatched:

Reg No. of vehicle involved:

Make and type of vehicle:

Was the matter reported to the police? YES NO

Details of officer:

Police station:

Case No.:

Date advised:

GOODS IN TRANSIT CLAIM FORM

OTHER VEHICLE

Name of owner:	
Name of insurer:	
Address:	
Code:	

WITNESSES

Name of owner:	
Name of insurer:	
Address:	
Code:	

PARTICULARS OF GOODS LOST OR DAMAGED

How were the goods transported?	
By whom?	
Have you advised them of the loss or damage?	YES NO
Date advised:	

NB: CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY

Name of insurer:	
Address:	
Code:	

Name of owners of the goods:	
Address:	
Code:	

For whom were the good carried?	
Address:	
Code:	

Were you the principal contractor?	
or the sub-contractor?	
Did you or your employees load the vehicle?	
or unload the vehicle?	

Did you use the Standard Trading Conditions of Carriage?	YES NO
If NO what conditions of carriage did you use? (Please attach specimen copy)	
Has a claim been made against you by the owner?	YES NO
Date received:	
Address where damaged goods can be viewed:	
Code:	

GOODS IN TRANSIT CLAIM FORM

PARTICULARS OF GOODS LOST OR DAMAGED

NOTE: All Invoices, Delivery Notes, Receipts and correspondence are to be sent with this form

Quantity	Description	Value
	TOTAL:	

INSURE DECLARATION AND SIGNATURE

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and/or that any misrepresentation has been made and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signature of insured:		Date:	