

**GOODS IN TRANSIT CLAIM FORM**

Policyholder Detail

Insured					
Address					
			Code		
Broker Name			Policy Number		
Cell			Tel Number		
Fax			Email		
Date of Loss			Time (AM-PM)		
Make of Vehicle			Model of Vehicle		
Registration Number Horse			Registration Number Trailers		
Description of goods carried					

New / Second Hand			New		
Address from which goods were dispatched					
			Code		
Date dispatched			Nature of Loss (e.g collision, hijack, overturning etc)		
Description of incident (attach driver's statement if possible)					

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Where did incident occur?		Current location of load?	
Contact name and number of person or insured in control of load			
Was the matter reported to the police?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Details of Officer		Station	
Date Advised		Case Number	
(A) Owner			
			Code <input type="checkbox"/>
(B) Insurers			
			Code <input type="checkbox"/>
Name and address of witness			
			Code <input type="checkbox"/>
Name and address of owners of goods			
			Code <input type="checkbox"/>
For whom were goods carried			
			Code <input type="checkbox"/>
Name and address of their insurers			
			Code <input type="checkbox"/>

Were you the principal contractor, or sub-contractor	Principal <input type="checkbox"/>	Sub-Contractor <input type="checkbox"/>
Did you or your employees	(A) Load the vehicle <input type="checkbox"/>	(B) Unload the vehicle <input type="checkbox"/>
Did the consignees accept delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, was a receipt given? (Attach Copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Did you use the Standard trading Conditions of Carriage	Yes		No	
If not, 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	

Particulars of goods lost or damaged

Quantity	Description	Value

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Capacity: \_\_\_\_\_ Signature: \_\_\_\_\_