

**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  |
|   |  |                           | No   |
| Details of Officer  |  | Station                   |      |
| Date Advised  |  | Case Number               |      |
|   |  |                           |      |
| (A) Owner   |  |                           |      |
|   |  |                           | Code |
| (B) Insurers  |  |                           |      |
|   |  |                           | Code |
| Name and address of witness                                     |  |                           |      |
|   |  |                           | Code |
| Name and address of owners of goods                             |  |                           |      |
|   |  |                           | Code |
| For whom were goods carried                                     |  |                           |      |
|   |  |                           | Code |
| Name and address of their insurers                              |  |                           |      |
|   |  |                           | Code |

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

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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: \_\_\_\_\_