



CLAIM FORM FOR GOODS IN TRANSIT

The issue of this form is not an admission of liability on the part of the Company.

All questions on this form must be answered in full.

Policy No.Renewal Date:
Name of Insured..... AddressTelephone No. Business or Occupation.....
1.Date and Time of Loss a.m/p.m on..... 2.Place of Loss..... 3.Described fully how the Loss/Damage occurred 4.If the Vehicle was unattended at the time of loss how was it Secured?
5.Was the matter reported to the Police? Please state Location of Police Station Date Reported
6.Were the Goods being carried in your own Vehicle?..... If so, please state registration details of Vehicles Name of the Insurer of the Vehicles
7.If the Loss/Damage arose out of a motor vehicle accident, please identify all vehicles and owners involved.

Registration Details

Vehicle(s)

Name & Address of Owners(s)

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8.If the goods were not carried in your own vehicle, please state mode of transport, i.e. Road/Rail/ Aircraft/ Inland Water/Coastal Water.....

9.State name and address of Carrier of Goods Claimed for:

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Were the Goods Being Carried at Owner’s Risk or Carrier’s Risk?

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Note: (1) Please attach copies of Delivery/Consignment Note and Carriers Term of Carriage.
 (2) If you have not done so, please write to the Carriers holding them responsible for Loss/Damage and attach to this form a cop of your letter and ay response received.

10.Description of Goods concerned.....

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How were the Goods Packed.....

How many packages were in the consignment?

What was the total value of the consignment?

(a) Cost Price.....(b) Selling Price.....

Consignee’s Name and Address

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Date Goods left your Premises.....

11.Particulars of Goods Lost or Damaged

Note: All Invoice delivery notes, receipts and the relevant correspondence are to be submitted with this form.

Quantity	Description	Value
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Address where damaged goods can be inspected

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I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and the property described above belong to me/us, and that no other person has any interest except as mentioned in the Policy.

Date..... Signature.....
 (If Policyholder body Corporate, Title of Signing Authority