

GOODS IN TRANSIT CLAIM FORM

Account No.									
Policy No.									

VAT No.

Branch or Agent Claim No.

1. Name of Insured
Address
..... Email Address
Business No. Cell No.

2. Date of loss or damage Time a.m./p.m.
Description of goods concerned
No. of packages Total Weight
How were the goods packed?
If goods were part only of consignment describe nature of other goods and value

Address from which goods were dispatched
..... Date dispatched

Name and address of consignees

Circumstances of loss or damage

Was the matter reported to Police? Date Advised
Details of Officer or Station

3. If another vehicle was involved, state name and address of (a) Owner
..... (b) Insurer
Names and addresses of witnesses

IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:

4. How and by whom were the goods transported?
.....
Have you advised them of the loss or damage? Date advised
Name and address of their Insurers

N.B. CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY.

