

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.

5. IF YOU ARE CLAIMING AS A CARRIER OF THE GOODS, PLEASE COMPLETE THIS SECTION:

Name and address of owners of the goods

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For whom were goods carried?.....

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Name and address of their Insurers.....

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Were you the principal contractor, or sub-contractor?

Registered letters and numbers of your vehicle concerned

If your vehicle was unattended when loss or damage occurred, how was it secured?

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Were the goods in sound condition when received?..... Were they checked by your vehicle?

Did you or your employees (a) load the vehicle?..... (b) unload the vehicle given?.....

Did the consignee accept delivery?

..... If so, was a receipt given?

What conditions of carriage do you use? (Please attach a specimen copy)

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Has a claim been made against you by the owner?

..... Date received

PARTICULARS OF GOODS LOST OR DAMAGED

6.

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

Quantity	Description	Value
Total		
Value of Salvage		
Net loss of cost of repairs		

Address where damaged goods can be inspected

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I/We declare that these particulars are true and complete in every respect

Date Signature of Insured

(If a Insured Company agree status of Signatory)