

GOODS IN TRANSIT CLAIM FORM

CLAIM NO. _____ Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if necessary. Date format is DD/MM/YY. Branch or Agent ______ VAT No. _____ _____Account No. ____ Policy No. ____ SECTION 1 DETAILS OF INSURED Name of insured Business No. ______ Email address _____ Cell No.____ Address__ Noting the definition below, please select which of the following is applicable to you: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable A Politically Exposed Person (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of stateowned corporations, important political party officials. This category also includes immediate family members close personal and professional associates. SECTION 2 DETAILS of CLAIM Date of loss or damage _____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 _____ If Yes, Date Reported_____ Was the matter reported to Police? ☐ Yes ☐ No Details of Officer or Station _____ If another vehicle was involved, state Name, Address and Contact Numbers of the: (a) Owner _ (b) Insurer _____

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Please provide the following details of the Witnesses:

	Witness 1	Witn	ess 2		Witness 3	V	Vitness 4	
Name								
Address								
Tel. No.								
CECTION 7			20000	DIFAC	E COMPLETE THIS (SECTION		
					E COMPLETE THIS S			
How and by whom	were the goods tra	ansported?						
		damaa wa 2 . 🗖 2	Va	Na Da	ha advisad			
					te advised			
Name, Address and	Contact No. of the	eir insurers						
N.B. CARRIERS SHOU	I D RE NOTIFIED OF	ALL LOSSES W	/ITHOUT	DEL AY				
					NODE DI EASE COM		CTION	
					OODS, PLEASE COM			
Name, Address and	Contact No. of Ov	vners of the g	oods					
For whom were go	nds carried?							
rame, radiess and	Contact No. of the	on mourers						
Were you the princ	ipal contractor, or	sub-contracto	or? 🛘 Ye	es 🗆 No)			
Registered letters a	nd numbers of you	ur vehicle con	cerned					
					was it secured?			
Were the goods in s	sound condition w	hen received?	o □ Yes	□ No	Were they checked	by your vehicle	e? 🛘 Yes	□ No
Did you or your em	ployees a) load tl	ne vehicle?	☐ Yes	□ No	b) unload the vehicl	e given?	☐ Yes	□ No
Did the consignee a	accept delivery?		☐ Yes	□ No	If Yes, was a receipt	given?	☐ Yes	□ No
What conditions of carriage do you use? (Please attach a specimen copy)								
Has a claim been m	ade against you by	the owner?	☐ Yes	□ No	If Yes, Date received	d		
Noting the definitio	n below, please se	lect which of	the follo	wing is	applicable to you:			
☐ Politically Expose	ed Person (PEP)	☐ Related	l to a Po	litically I	Exposed Person (PEP) 🔲 Not	Applicab	le
					with prominent public			
owned corporations	of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state- owned corporations, important political party officials. This category also includes immediate family members close							
personal and profes	ssional associates.							



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SECTION 5 PARTICULARS OF GOODS LOST OR DAMAGED

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 d	amaged goods can be inspected	
Address where di	amaged goods can be inspected	
SECTION 6 DE	CLARATION	
knowledge and b best of my/our k Insurance Ltd. de	lare that the foregoing particulars provided by me/us are true and correct to the relief. I am/we are aware that the failure by me/us to provide information that is nowledge and belief, or the withholding of information relevant to this claim may bright or voiding this claim, or in criminal prosecution and/or civil proceedings bance with relevant Laws.	true and correct to the y result in CG United
Date	Signature of insured	
	(If an Insured Company, agree s	

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