



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. _____

Policy No. _____ Account 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 state-owned 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 _____ 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? Yes No If Yes, Date Reported _____

Details of Officer or Station _____

If another vehicle was involved, state Name, Address and Contact Numbers of the:

(a) Owner _____

(b) Insurer _____

Please provide the following details of the Witnesses:

	Witness 1	Witness 2	Witness 3	Witness 4
Name				
Address				
Tel. No.				

SECTION 3 IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION

How and by whom were the goods transported? _____

Have you advised them of the loss or damage? Yes No Date advised _____

Name, Address and Contact No. of their Insurers _____

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

SECTION 4 IF YOU ARE CLAIMING AS A CARRIER OF THE GOODS, PLEASE COMPLETE THIS SECTION

Name, Address and Contact No. of Owners of the goods _____

For whom were goods carried? _____

Name, Address and Contact No. of their Insurers _____

Were you the principal contractor, or sub-contractor? Yes No

Registered letters and numbers of your vehicle concerned _____

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

Were the goods in sound condition when received? Yes No Were they checked by your vehicle? Yes No

Did you or your employees a) load the vehicle? Yes No b) unload the vehicle given? Yes No

Did the consignee 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 made against you by the owner? Yes No If Yes, Date received _____

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