GOODS IN TRANSIT CLAIM FORM

Policy holder details

Insured			
Address			
		Code	
Broker Name		Policy Number	
Cell		Tel Number	
		Email	
Date of Loss		Policy Number	
Make of Vehicle		Model of Vehicle	
Registration Number Horse		Registration Number Trailers	
Description of goods carried			

New/Second Hand		New	
Address from which goods were dispatched			
		Code	
Date Dispatched		Nature of Loss (e.g. collision ect.)	
Description of Incident (attach driver statement if possible)			

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Where did incident occur?		Current Location of Load?	
Contact name and number of person or insured in control of load			
Was the matter reported to the police?		Yes ◯	No ◯
Details of officer		Station	
Date advised		Case Number	
(A) Owner			
		Code	
(B) Insurer			
		Code	
Name and address of witness			
		Code	
Name and address of owners of goods			
		Code	
From whom were goods carried			
		Code	
Name and address of their insurers			
		Code	

Were you the principal contractor, or sub-contractor?	Principal ◯	Sub-contractor ◯	
Did your employees	(A) Load the vehicle ◯	(B) Unload the vehicle ◯	
Did the consignees accept delivery?		Yes ◯	No ◯
If so, was a receipt given? (please attach copy)		Yes ◯	No ◯
Did you use the Standard Trading Conditions of Carraige		Yes ◯	No ◯
If not, what conditions of carriage did you use (please attach specimen copy)			
Has a claim been made against you or the owner?	Yes ◯	No ◯	Date Recieved

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Particulars of goods lost or damaged

Quantity	Description	Quantity

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated ..... / ..... /20 .....

Signed at ..... on this ..... day of .....

Name: ..... Witnessed by: .....

Capacity: ..... Signature: .....