

GOODS-IN-TRANSIT CLAIM FORM

Name of Insured..... Policy No.

Address Phone No.

Date of Loss or damage Time..... a.m./p.m.

Place of occurrence Time

Name and Address of Driver

Description of goods concerned

No of packages Total weight Total value N.....

How were goods packaged?

Circumstances of loss or damage:

.....
.....
.....

Please continue description overleaf if necessary

If another vehicle was involved, name and address of owners

.....

if insured, name of Insurance Co.

.....

Names and addresses of witnesses

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.....

Address of Police Station advised Date advised

Address from which goods were dispatched

..... Date dispatched

Name and address of consignees

.....

(P.T.O)

PARTICULARS OF GOODS LOST OR DAMAGED

Note: All invoices, delivery notes, receipt and correspondence are to be sent with this form.

Quantity	Description	Value
	Total	
	Value of Salvage	
	Net loss or Cost of repairs	

Please continue on separate sheet if necessary

Address where damaged goods can be inspected

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

How and by whom were the goods transported?

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Have you advised them of the loss or damage? Date advised

Name and address of their insurers

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

Name and address of owners of goods.....

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Were you the principal contractor, or a sub-contractor?

Registered letters and number 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 good condition when received? Were they checked by your driver?

Did you or your employees load or unload the vehicle?

Did the consignees accept delivery? If so, was receipt given?.....

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

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Has a claim been made against you by the owner? Date received.....

I/We declare that the particulars given on this form are true and complete

Date Signature of Insured