

GOODS-IN-TRANSIT CLAIM FORM

- NOTE: (1) The Issuance of this Form does not imply admission of Liability
 (2) The Insured is required to answer all questions fully and return without delay.

POLICY NO CLAIM NO

BRANCH OR AGENT

NAME OF INSURED

ADDRESS

TEL. NO

TRADE OR OCCUPATION (If more than one state all)

Date of Accident Time a.m/p.m

Place

Explain fully how accident occurred

When was the accident reported to you?

By whom?

Did the accident arise from the activities of persons in your direct employ?

If so give names and addresses of employees

Names and addresses of any other witness

(Please turn to reverse side)

Was the accident reported to the Police? Details of Officer or Station

Persons (other than your own employees) who sustained injury or damage to property.

Please give names and addresses

Is there any other insurance indemnifying you in respect of this incident?

If so give details

**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED
IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES**

If you are the owner give name and address of tenant

If you are the occupier give name and address of owner

What is the net annual rental?

For what purposes are the premises used?

Are you responsible for repairs?

When was the property last inspected? By whom?

I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Date

Signature Of Insured