



underwriting managers **GOODS IN TRANSIT CLAIM FORM**

1. About the Insured

NAME OF INSURED			
CONTACT #		POLICY #	
PHYSICAL ADDRESS			

2. About the Driver

NAME OF DRIVER			
CONTACT #		ID #	
PHYSICAL ADDRESS			

3. About the Loss/Damage

DATE OF LOSS/DAMAGE		TIME	00 H 00 AM / 00 H 00 PM
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AREA OF LOSS	
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DESCRIPTION OF GOODS CONCERNED	
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ADDRESS FROM WHERE GOODS WERE DISPATCHED	
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DATE DESPATCHED		TIME	00 H 00 AM / 00 H 00 PM
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PLEASE DESCRIBE THE CIRCUMSTANCES OF LOSS OR DAMAGE

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4. The Police Report

WAS THE MATTER REPORT TO THE POLICE?	YES / NO	DETAILS OF OFFICER/STATION	
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CASE #		DATE ADVISED	YYYY / MM / DD
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NAME OF DRIVER			
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REGISTRATION # OF VEHICLE INVOLVED		CONTACT #	
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5. If another vehicle was involved...

OWNER'S NAME	<input type="text"/>	CONTACT #	<input type="text"/>
INSURER'S NAME	<input type="text"/>	CONTACT #	<input type="text"/>
DRIVER'S NAME	<input type="text"/>	CONTACT #	<input type="text"/>
NAME AND ADDRESS OF WITNESS	<input type="text"/>		

6. Are you the owner of the goods?

HOW AND BY WHOM WERE THE GOODS TRANSPORTED?

HAVE YOU ADVISED THEM OF THE LOSS OR DAMAGE? DATE ADVISED

NAME AND ADDRESS OF THEIR INSURERS

7. If you're not the owner of the goods...

NAME AND ADDRESS OF THE OWNER'S OF THE GOODS

FOR WHOM WERE TH GOODS CARRIED?

NAME AND ADDRESS OF THEIR INSURERS

WERE YOU CONTRACTED AS THE... OR THE

DID YOU OR YOUR EMPLOYEES LOAD THE VEHICLE? UNLOAD THE VEHICLE?

DID THE CONSIGNEES ACCEPT DELIVERY? IF YES, WAS A RECIEPT PROVIDED?

DID YOU USE THE STANDARD TRADING CONDITIONS OF CARRIAGE?

IF NOT, WHAT CONDITIONS OF CARRIAGE DID YOU USE? (PLEASE ATTACH A COPY OF THE CONDITIONS)

HAS A CLAIM BEEN MADE AGAINST YOU BY THE OWNER? DATE RECEIVED

QUANTITY	DESCRIPTION	VALUE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

IN ORDER TO ASSIST IN EXPEDITING THE PROCESSING OF THIS CLAIM, PLEASE SUPPLY AND ATTACH THE FOLLOWING:

- DRIVER'S LICENCE AND PRDP OR EQUVALENT
- COPY OF VEHICLE LICENSE DISK AND OPERATOR CARD
- LOAD CONFIRMATION ORDER
- CONTRACT OF CARRIAGE

ADDRESS WHERE DAMAGED GOODS CAN BE INSPECTED

I/WE DECLARE THAT THESE PARTICULARS ARE TRUE AND COMPLETE IN EVERY RESPECT.

SIGNATURE OF INSURED DATE