

**GOODS IN TRANSIT CLAIM FORM**

**CLAIM NO.**

**POLICY NO.**

Please answer questions fully and return this form to the Company with relevant documents in support

Name of Insured

Address

Business

Telephone No. Contact Name

1. Date of Loss Place of Loss
2. Describe how the loss/damage occurred

N.B.: If the vehicle was unattended at the time of loss, how was it secured?

1. Was the matter reported to the Police?

If so, state location of Police Station

and Date of Report and supply a copy of the Police Report of the incident.

1. Were the goods being carried in your own vehicle?

If so, please state registration details of vehicle

and the name of the Insurer of the vehicle

1. If the loss/damage arose out of a motor vehicle accident please identify all vehicles and owners involved

Registration Details Vehicle Name & Address of Owner

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1. If the goods were not being carried in your own vehicle please state mode of transport i.e.

Road/Rail/Aircraft/Inland Water/Coastal water

Note: If the loss or damage arose out of a road accident, please complete question .5. *(PTO)*

1. State name and address of carried of goods claimed for

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Were the goods being carried : Owners Risk or Carrier's Risk?

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Note: (a) Please attach copy of Delivery/Consignment Note and Carrier's Terms of Carriage.

(b) If you have note already done so, please write to the Carrier holding them responsible for the loss/damage and attach to this form a copy of your letter and any response received.

8. Description of Goods Concerned

How were the Goods packed

How many packages were in the consignment?

What was the total value of the consignment?

(a) Cost Price (b) Selling Price

Consignee's Name and Address

Date Goods left your premises

**PARTICULARS OF GOODS LOST OR DAMAGED**

Note: All Invoices, delivery notes, receipts and relevant correspondence are to be returned with this form

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Total Value of Salvage…………………………………

Nett Loss or Cost of Repair………………………………………

Address where damaged goods can be inspected

I/We declare that these particulars are true and complete in every respect.

Date Signature