

GOODS IN TRASIT CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUANCE OF THIS FORM

1. Name of Insured: \_\_\_\_\_
- (I) Policy No: \_\_\_\_\_
- (II) Address: \_\_\_\_\_
- (III) Tel No: \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ a.m/p.m
- (IV) Place of Occurrence: \_\_\_\_\_
- (V) Name of Driver: \_\_\_\_\_
- (VI) Address of Driver: \_\_\_\_\_
- (VII) Description of Goods Concerned: \_\_\_\_\_
- (VIII) No of Packages: \_\_\_\_\_ Total Weight: \_\_\_\_\_ Total Value: \_\_\_\_\_
- (IX) How were the goods packed: \_\_\_\_\_
- (X) Circumstances of loss or damage: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Please continue description overlay if necessary*

2. If another vehicle was involved, name and address of owners: \_\_\_\_\_
- \_\_\_\_\_
- (i) If insured, name of Insurance Co: \_\_\_\_\_
- \_\_\_\_\_
- (ii) Names and addresses of witnesses: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (iii) Address of Police Station advised: \_\_\_\_\_ Date advised: \_\_\_\_\_
- (iv) Address from which goods were dispatched: \_\_\_\_\_
- \_\_\_\_\_ Date dispatched: \_\_\_\_\_
- (v) Name and address of consignees: \_\_\_\_\_
- \_\_\_\_\_

**3. PARTICULARS OF GOODS LOST OR DAMAGED.**

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

*Please continue description overlay if necessary*

(i) Address where damaged goods can be inspected: \_\_\_\_\_

**4. IF YOU ARE THE OWNER OF THE GOODS. PLEASE COMPLETE THIS SECTION.**

(i) How and by whom were the goods transported? \_\_\_\_\_

(ii) Have you advised them of the loss or damage? \_\_\_\_\_ Date advised: \_\_\_\_\_

(iii) Name and address of their insurers: \_\_\_\_\_

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

(i) Name and address of owners of goods: \_\_\_\_\_

(ii) Name and address of their insurers: \_\_\_\_\_

(iii) Were you the principal contractor, or a sub-contractor? \_\_\_\_\_

(iv) Registered letters and numbers of your vehicle concerned: \_\_\_\_\_

(v) If your vehicle was unattended when the loss or damage occurred, how was it secured? \_\_\_\_\_

- (vii) Where they checked by your driver? \_\_\_\_\_
- (viii) Did you or your employees load or unload the vehicle? \_\_\_\_\_
- (ix) Did the consignee accept delivery? \_\_\_\_\_
- (x) If so, was a receipt given? \_\_\_\_\_
- (xi) What conditions of carriage do you use? (Please attach a specimen copy) \_\_\_\_\_
- \_\_\_\_\_
- (xii) Has the claim been made against you by the owner? \_\_\_\_\_ Date received: \_\_\_\_\_

I/We hereby declare the foregoing particulars to be true and correct

Signature: \_\_\_\_\_

Date: \_\_\_\_\_