

Goods in Transit Claim Form

INSURED	Policy number		Name		
	Identity number		Occupation		
	Contact number		VAT registration number		
	Physical address				
DETAILS OF LOSS / DAMAGE	Date and time		When discovered		
	Place of incident		Number of packages		
	Total weight				
	If goods were part only of consignment, describe nature of other goods and value				
	Place of dispatch		Date of dispatch		
	Circumstances of loss / damage				
	Make of vehicle		Model		
	Registration number		Reported to police?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Police station		Name of officer		
	Case number				
OTHER PARTY	Name		Occupation		
	Identity number		Contact number		
	Name		Occupation		
	Identity number		Contact number		
WITNESSES	Witness 1	Full name		Contact details	
		Address			
	Witness 2	Full name		Contact details	
		Address			
DETAILS OF GOODS	How were goods transported?				
	Who transported goods?				
	Advised of loss / damage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date	
	Name of goods owner		Contact number		
	Name of insurer		Contact number		
	Were you the principle contractor?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Were you a sub-contractor?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Did you / employees load the vehicle?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unload the vehicle?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Did the consignees accept delivery?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If, so was a receipt given?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Did you use the standard trading conditions of carriage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
	If not, what conditions of carriage did you use? (please attach a specimen copy)				
Has a claim been made against you by the owner?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date received		

All invoices, delivery notes, receipts and correspondence are to be sent with this form

DETAILS OF GOODS

Quantity	Description	Value
Total		

Address where damaged goods can be inspected _____

DECLARATION

We hereby declare the following particulars to be true in every respect.

Signature of driver: _____ Date: _____

Signature of insured: _____ Capacity: _____ Date: _____

It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.

Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accident fund without delay.