

Goods in Transit Claim Form

Insured details

Policy No:

Full name:

Business: VAT number:

Address:

Contact number: ID number:

Details of loss / damage

Date: Time: Place:

Description of goods:

Number of packages: Total weight:

If goods were part only of consignment, describe nature of other goods and value:

Address from which goods were dispatched:

Date of dispatch:

Circumstances of loss / damage:

Registration of vehicle:

Make and model:

Was incident reported to the Police? Yes: No:

Police station:

Name of officer: Case number:

Third party details

Name of owner:

Address of owner:

Contact details:

Insurance details:

