

**Goods in Transit Claim Form**

<b>INSURED</b>	Policy number		Name		
	Identity number		Occupation		
	Contact number		VAT registration number		
	Physical address				
<b>DETAILS OF LOSS / DAMAGE</b>	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				
<b>OTHER PARTY</b>	Name		Occupation		
	Identity number		Contact number		
	Name		Occupation		
	Identity number		Contact number		
<b>WITNESSES</b>	Witness 1	Full name		Contact details	
		Address			
	Witness 2	Full name		Contact details	
		Address			
<b>DETAILS OF GOODS</b>	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

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<p>We hereby declare the following particulars to be true in every respect.</p> <p>Signature of driver: _____</p> <p>Signature of insured: _____      Capacity: _____</p>	<p>Date: _____</p> <p>Date: _____</p>
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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.