

GOODS IN TRANSIT CLAIM FORM

The underwriters do not admit Liability by the issuing of this document

1. INSURED

Name: _____

Policy Number: _____ VAT Number: _____

Address: _____

Tel No: _____

Contact Person: _____ Contact No: _____

Type of Business: _____

2. DATE AND PLACE OF EVENT GIVING RISE TO LOSS OR DAMAGE

_____ day of _____ 20_____. Time: _____
at _____

3. VEHICLE DETAILS

Make and type of vehicle: _____

Vehicle registration number: _____

Trailer: _____

Do you own the vehicle or trailer: _____

If no, state name and address of owners:

4. OTHER VEHICLES INVOLVED

Name and Address: _____

Contact Numbers: _____

Where are they insured: _____ Policy Number: _____

5. WITNESSES

Name and Address: _____

Contact Numbers: _____

Name and Address: _____

Contact Numbers: _____

6. FULL DESCRIPTION OF GOODS LOST OR DAMAGED

Description: _____

No of packages or articles: _____

Amount of Claim: _____

For whom were the goods being carried? _____

Name, address and telephone number
of the owner of the goods: _____

Name, address and telephone number
of their Insurers: _____

Where can goods be inspected? _____

Were you the principal contractor or sub-
contractor? _____

When and where were the goods loaded? _____

Did you or your employee's load the
vehicle? _____

Did you or your employee's unload the
vehicle? _____

Driver's Name and Surname: _____

Driver's ID Number: _____

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Directors: CE Greaves (CEA), EA Greaves (B.Com. Stell), D. Knapp

Did the driver check the consignment? _____

Were clean receipts given at the time of loading? _____

How were the goods packed? _____

7. CIRCUMSTANCES OF THE LOSS

Give full details of the journey and describe the event giving rise to the loss:

What action did the driver take immediately after the loss or damage?

Have consignee's accepted delivery? _____

Did you use the Standard Trading Conditions? _____

If not, what conditions of carriage did you use?
(Please attach a specimen copy) _____

Has a claim been made against you? _____

8. POLICE DETAILS

NB!! All losses must be reported to the police.

Police Station at which loss was reported? _____

Phone Number: _____ Police Case Report No: _____

Details of Police Officer: _____

Date Reported: _____

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I/We declare the foregoing particulars to be true in every respect:

Date this _____ day of _____ 20 _____.

Insured's Signature _____

Capacity _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS CLAIM FORM:

Fully completed claim form

Contract of Carriage / Load Confirmation

Driver's statement describing circumstances leading up to and including the loss

Copy of original suppliers/sales invoice reflecting the cost price of the goods of the full load at time of the loss

SAP Case Number

Third party detail

Horse and trailers roadworthy and licence certificates

Full price itemised claim identifying items lost/damaged

Signed Delivery Note and/or Waybill

Enlarged and clear copy of the Drivers current PrDP and licence, including any endorsements

Load confirmation and/or transport costs charged for the load delivery

Copy of insurance contract of all parties involved

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