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: __________________________________________________________
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: ___________________________
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