

<b>GOODS IN TRANSIT CLAIM FORM</b>			
<b>THE INSURED</b>			
Policy number		Insurer	
Address			
Tel number (Land)		Mobile number	
Contact person		Contact number	
Type of business			
<b>DATE AND PLACE OF EVENT GIVING RISE TO LOSS OR DAMAGE</b>			
Date		Time	
Place			
<b>VEHICLE DETAILS</b>			
Make and type of vehicle			
Vehicle registration number			
Trailer			
Do you own the vehicle or trailer			
If no, state name en address of owner			

OTHER VEHICLES INVOLVED			
Name and address			
Contact number (Land)		Mobile number	
Where are they insured		Policy number	
WITNESSES			
Name and Address			
Contact number (Land)		Mobile number	
Name and Address			
Contact number (Land)		Mobile number	
FULL DESCRIPTION OF GOODS LOST OR DAMAGED			
Description			
Number 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?			

The issue of this form is not an admission of liability and the insured's attention is drawn to the policy conditions which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the company.

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 your driver check the consignment?		
Were clean receipts given at the time of loading?	Yes	No
How were the goods packed?		
<b>CIRCUMSTANCES OF THE LOSS</b>		
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 consigner accepted delivery?	Yes	No
Did you use the Standard Trading Conditions?	Yes	No
If not, what conditions of carriage did you use? (Please attach a specimen copy)		
Has a claim been made against you?		
<b>POLICE DETAILS NB All losses MUST be reported to the police</b>		
Police station at which loss was reported?		
Contact number	Police case Report nr	
Date reported		
Details of Police Officer		

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I/We declare the foregoing particulars to be true in every respect	
Dated	This ..... day of .....20.....
Insured's Signature	
Capacity	
<b>PLEASE ATTACH THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS CLAIM FORM</b>	
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 the time of loss	
SAP Case number	
Third party detail	
Horse and trailers roadworthy and licence certificates	
Full price itemised claim identifying lost/damaged	
Signed delivery note and/or waybill	
Enlarged and clear copy of the Driver's current PrDP and licence, including endorsements	
Load confirmation and/or transport costs charged for the load delivery	
Copy of insurance contract of all parties involved.	

I/We declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Insurer any information within my knowledge connected with the loss.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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