underwriting managers

GOODS IN TRANSIT CLAIM FORM

1. About the Insured

NAME OF INSURED

CONTACT # | POLICY #

PHYSICAL ADDRESS

2. About the Driver

NAME OF DRIVER

CONTACT # | ID #

PHYSICAL ADDRESS

3. About the Loss/Damage

DATE OF LOSS/DAMAGE | TIME 00H00 AM / 00H00 PM

AREA OF LOSS

DESCRIPTION OF GOODS CONCERNED

ADDRESS FROM WHERE GOODS WERE DISPATCHED

DATE DESPATCHED | TIME 00H00 AM / 00H00 PM

PLEASE DESCRIBE THE CIRCUMSTANCES OF LOSS OR DAMAGE

4. The Police Report

WAS THE MATTER REPORT TO THE POLICE? YES / NO | DETAILS OF OFFICER/STATION

CASE # | DATE ADVISED YYYY / MM / DD

NAME OF DRIVER

REGISTRATION # OF VEHICLE INVOLVED | CONTACT #

5. If another vehicle was involved…

OWNER'S NAME		CONTACT #	
INSURER'S NAME		CONTACT #	
DRIVER'S NAME		CONTACT #	
NAME AND ADDRESS OF WITNESS			

6. Are you the owner of the goods?

HOW AND BY WHOM WERE THE GOODS TRANSPORTED?			
HAVE YOU ADVISED THEM OF THE LOSS OR DAMAGE?	YES / NO	DATE ADVISED	YYYY / MM / DD
NAME AND ADDRESS OF THEIR INSURERS			

7. If you're not the owner of the goods…

NAME AND ADDRESS OF THE OWNER'S OF THE GOODS			
FOR WHOM WERE TH GOODS CARRIED?			
NAME AND ADDRESS OF THEIR INSURERS			
WERE YOU CONTRACTED AS THE…	PRINCIPLE CONTRACTOR	OR THE	SUB-CONTRACTOR
DID YOU OR YOUR EMPLOYEES LOAD THE VEHICLE?	YES / NO	UNLOAD THE VEHICLE?	YES / NO
DID THE CONSIGNEES ACCEPT DELIVERY?	YES / NO	IF YES, WAS A RECIEPT PROVIDED?	YES / NO
DID YOU USE THE STANDARD TRADING CONDITIONS OF CARRIAGE?			YES / NO
IF NOT, WHAT CONDITIONS OF CARRIAGE DID YOU USE? (PLEASE ATTACH A COPY OF THE CONDITIONS)			YES / NO
HAS A CLAIM BEEN MADE AGAINST YOU BY THE OWNER?	YES / NO	DATE RECEIVED	YYYY / MM / DD

QUANTITY	DESCRIPTION	VALUE
QUANTITY	DESCRIPTION	VALUE
QUANTITY	DESCRIPTION	VALUE
QUANTITY	DESCRIPTION	VALUE

IN ORDER TO ASSIST IN EXPEDITING THE PROCESSING OF THIS CLAIM, PLEASE SUPPLY AND ATTACH THE FOLLOWING:

- DRIVER'S LICENCE AND PRDP OR EQUAVALENT
- COPY OF VEHICLE LICENSE DISK AND OPERATOR CARD
- LOAD CONFIRMATION ORDER
- CONTRACT OF CARRIAGE

ADDRESS WHERE DAMAGED GOODS CAN BE INSPECTED

I/WE DECLARE THAT THESE PARTICULARS ARE TRUE AND COMPLETE IN EVERY RESPECT.

SIGNATURE OF INSURED | DATE