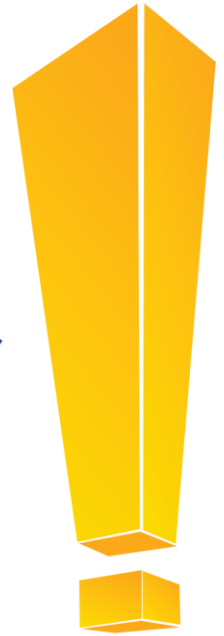


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GOODS IN TRANSIT

GOODS IN TRANSIT CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name	<input type="text"/>	Policy Number	<input type="text"/>
Insured Address	<input type="text"/>	Contact Number	<input type="text"/>
Agent Name & No	<input type="text"/>	Agent Reference	<input type="text"/>

DATE, TIME AND PLACE OF OCCURENCE

Date Time Place

DESCRIPTION OF MERCHANDISE AND GOODS

Details of Load:

Description

Number of Packages or Articles

Total Weight Total Value of Load

DETAILS OF MERCHANDISE AND GOODS LOST OR DAMAGED

Description

Number of Packages or Articles

Total Weight Value of lost / damaged goods

Salvage (if any)

Gross Amount of Claim Less Excess under Policy (if any) Nett Amount of Claim

WHERE AVAILABLE THE FOLLOWING SHOULD BE ATTACHED TO THIS CLAIM FORM:

- Invoice or Account in respect of Loss or Damage
- True copy of Receipt given for the merchandise and goods after loading
- Signed Delivery Note obtained when delivering the merchandise and goods
- Any other Documents or Correspondence received

IF LOSS IS DUE TO THEFT, PILFERAGE OR SHORT DELIVERY, STATE:

Name and address of Police Station to which is was reported

Date and time of making such a report

IF LOSS OR DAMAGE WAS CAUSED BY AN ACCIDENT TO THE VEHICLE, STATE:

Names and addresses of owners of any other vehicles involved

Names and addresses of any witnesses

Were particulars taken by a Police Officer at the scene? YES NO Was he a witness? YES NO

If YES, give Reference Number

If NO, where & when was the occurrence reported?

Address of the Police Station

Was any warning given by the Police that you, your driver or any other person might be prosecuted? YES NO

DETAIL OF CONSIGNORS / CONSIGNEES

Name of Consignors

Address of Consignors

Name of Consignees

Address of Consignees

CIRCUMSTANCES OF LOSS OR DAMAGE

When and Where were the goods loaded?

Who loaded the goods onto the vehicle?

Did driver count or check the consignment? YES NO

What receipt was given at time of loading?

How were the goods packed, stowed and sheeted?

Were above done in accordance Trade Custom YES NO

Give full details of the journey from the time of loading until the happening of the loss or damage and describe the event giving rise to the loss or damage:

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

Have Consignees accepted Delivery ? YES NO

Where can the goods be inspected?

Are you the Owner or Carrier of the Goods? OWNER CARRIER

Was this load carried by you as 1. Principal Contractor 2. Sub-Contractor 3. Any Sub-Contractor employed by you

If 2. Sub-Contractor, were you charged premium for insurance of this load? YES NO

If 3. Any Sub-Contractor employed by you, state Name and Address of Sub-Contractor

Did you charge the Sub-Contractor premium for insurance for this load? YES NO

Give Registered Letters and Number of vehicle on which the goods were being carried

Do you own the vehicle?

YES

NO

If not, state Name and Address of Owner:

Has the driver, to your knowledge been involved in any other accidents?

YES

NO

If YES, give brief details.

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

Signature of Insured

Capacity

Date

*This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent.
The company does not admit liability by the issue of this form.*