



GOODS IN TRANSIT CLAIM FORM

The issue of this form is not to be taken as an admission of Liability

PLEASE ANSWER ALL QUESTIONS FULLY

1. When were the goods lost or damaged? At _____ on _____

2. If the claim is for damage, where can the damaged goods be inspected?.....

3. Please state exactly the nature of loss or damage and (a) how and (b) where the loss or damage occurred and say (c) what action was taken immediately afterwards. A statement from the driver must be provided

a) _____
b) _____
c) _____
4. Claims arising from theft, pilferages or short delivery must be reported to the police. Please give details of the Police Station to which the loss was reported
_____ Date _____
5. a) Where were the goods picked up? _____
b) Where were the goods to be delivered? _____
6. please give the following information about the vehicle
a) i) Make _____ ii) Type _____
iii) Carrying Capacity _____
b) Registration Number _____
c) Are you the owner of the vehicle? _____
d) If not please give the names and addresses of the owners _____

e) Name and addresses of the Motor Insurers of the vehicle _____

f) How many vehicles are you currently operating for carriage of goods?

7. a) Were the doors/windows locked and the keys removed? _____
b) details of security fillings on the vehicle (type etc) _____
c) Installed by whom?.....
d) Were the security fillings in good working order at the time of the occurrence?

- e) Were they all in full operation at the time of the occurrence? _____
- f) Was force used to gain entry into the vehicle? _____
- g) What evidence is there of force being used to enter the vehicle? _____

8. Please give the following information about the person driving the vehicle

Name _____ Age _____
 Length of service _____

9. Please give the following information about the actual goods lost or damaged:

- a) Description of goods _____
- b) Value of goods lost or damaged _____
- c) Less salvage if any _____
- d) Amount of Claim _____

10. Please state the value of the whole load and not merely the part lost or damaged

IMPORTANT: The Original Invoice or Account of the goods is required

I/We the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and I/We have made, or in any further declaration in company may require in respect of the said loss shall make any false or fraudulent statement or any suppression or concealment my/our claim shall be absolutely forfeited and the Policy shall thenceforth be null and void.

Witness _____
 (Signature)

Insured's Signature _____

Name _____

Date: _____

Date _____

