



GOODS-IN-TRANSIT CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

1. POLICYHOLDER DETAILS

NAME: _____

ADDRESS: _____

TRADE/BUSINESS: _____

E-MAIL ADDRESS: _____

POLICYNO: _____ RENEWAL DATE: _____

2. The accident:

Extent of journey: from: _____ to: _____

Date of occurrence: _____ time: _____

Exact location of the accident: _____

3. Particulars of vehicle(s) that was carrying the goods:

Registration No.	Make	Cubic Capacity	Seating Capacity
1.			
2.			
3.			

Give full description of the cause of accident/loss and the extent of damage to the goods that were being carried:



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5. (a) State the value of goods being carried: _____

(b) State value salvaged after the accident: _____

6. (a) Was the accident reported to the police? _____

If so, state:

(i) Date reported _____

(ii) The name of the police station _____

(iii) The name of the police who took the particulars _____

I/We declare that the above statement is true in all respects to the best of my/our Knowledge and belief and I/We undertake to give every information and assistance as the Company may require in connection with this claim

Date: _____ Signature of Policyholder: _____