



### GOODS IN TRANSIT / CARGO CLAIM FORM

This form is intended for GOODS IN TRANSIT / CARGO type claims.  
 The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.

(TO BE COMPLETED AND SIGNED BY CLAIMANT)  
 The issue of this form is not an acknowledgement of any liability by the Insurance Company

#### DETAILS OF THE INSURED ("YOU") & INSURER REFERENCE

INSURED			
POSTAL ADDRESS	TELEPHONE	OFFICE:	FAX:
		HOME:	
		CELL:	
OCCUPATION	E-MAIL		
INSURER	POLICY NO		

#### DATE, TIME AND PLACE OF OCCURENCE

DATE  TIME  PLACE

#### DETAILS OF MERCHANDISE AND GOODS LOST OR DAMAGED

DESCRIPTION	<input type="text"/>		
NUMBER OF PACKAGES OR ARTICLES	<input type="text"/>		
TOTAL WEIGHT	<input type="text"/>	VALUE OF LOST / DAMAGED GOODS	<input type="text"/>
SALVAGE (IF ANY)	<input type="text"/>		
GROSS AMOUNT OF CLAIM	<input type="text"/>	LESS EXCESS UNDER POLICY (IF ANY)	<input type="text"/>
		NETT AMOUNT OF CLAIM	<input type="text"/>

#### THE FOLLOWING DOCUMENTATION MUST BE ATTACHED TO THIS CLAIM FORM

- \* INVOICE OR ACCOUNT INRESPECT 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 / BILLS OF LADING
- \* PACKING LIST AND PHOTO'S OF CARGO
- \* ALL OTHER DOCUMENTS AND OR CORRESPONDENCE RELEVANT TO THIS CLAIM

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

NAME AND ADDRESS OF POLICE STATION TO WHICH IT WAS REPORTED	<input type="text"/>
DATE AND TIME OF MAKING SUCH A REPORT	<input type="text"/>

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

NAMES AND ADDRESSES OF OWNERS OF ANY OTHER VEHICLES INVOLVED	<input type="text"/>			
NAMES AND ADDRESSES OF WHITNESSES	<input type="text"/>			
WERE PARTICULARS TAKEN BY A POLICE OFFICER AT THE SCENE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WAS HE A WITNESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, GIVE REFERENCE NUMBER	<input type="text"/>			
IF NO, WHERE & WHEN WAS THE OCCURENCE REPORTED?	<input type="text"/>			
ADDRESS OF THE POLICE STATION	<input type="text"/>			
WAS ANY WARNING VIGEN BY THE POLICE THAT YOU, YOUR DRIVER OR ANY OTHER PERSON MIGHT BE PROSECUTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DETAILS 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 THE 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 WITH 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. PRINCIPLE 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 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

  
  


PLEASE STATE THE NAME(S), ADDRESS(ES) AND LENGTH OF SERVICE OF DRIVER(S) EMPLOYEE(S)

**DOCUMENTS WHICH MUST ACCOMPANY THE CLAIM FORM OR TO BE SUBMITTED AS SOON AS POSSIBLE THEREAFTER**

1	Original Supplier Invoice	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	
2	Original Road Consignment Note / Waybill	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	
3	Endorsed / Signed Delivery Note	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	
4	Claimant / Cargo Owner's Detailed Priced Claim	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	
5	Repair / Replacement Quotations	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	
6	Packing List / Tally Sheet (if available)	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
7	Contract / Agreement between Road Carrier & Cargo Owner	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	
8	Contract / Agreement between Principle Contractor and Sub Contractor	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
9	Copies of Pro-Forma Claims against all potential Liable Parties & their Responses	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
10	Bill of Entry / Bill of Entry (export) if Applicable	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
11	Premium Declaration / Certificate	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE

**IF THE TRUCK/CONVEYANCE WAS OPERATED AND/OR OWNED BY THE PARTY INSTITUTING THIS CLAIM, KINDLY ALSO ENCLOSE THE FOLLOWING DOCUMENTATION:**

12	Certified Copy of Public Driving Permit	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
13	Certified Copy of Truck Registration Form	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
14	Certified Copy of Driver's License	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE
15	Driver and/ or Witness Statements on Fortuity / Problems Encounter during Journey	<input type="checkbox"/>	ATTACHED	<input type="checkbox"/>	TO FOLLOW	<input type="checkbox"/> NOT APPLICABLE

**NOTE: FURTHER DOCUMENTS MAY BE REQUIRED ONCE THE MATTER HAS BEEN BY THE MARINE UNDERWRITERS / INSURERS AND/ OR THE APPOINTMENT SURVEYOR**

**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. I/WE AGREE THAT, IF ANY OF THE ABOVE ANSWERS OR PART THEREOF, ARE UNTRUE, MY/OUR CLAIM OR COMPENSATION SHALL BE FORFEITED AND THE CONTRACT OF INSURANCE SHALL BE NULL AND VOID.

**FULL NAME OF AUTHORIZED SIGNATORY:**

**TITLE / DESIGNATION OF SIGNATORY:**

**AUTHORIZED SIGNATURE:**

**DATE**

**TIME**