

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	
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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	

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

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

NAME AND ADDRESS OF POLICE STATION TO WHICH IT 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 WHITNESSES				
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 OCCURENCE REPORTED?				
ADDRESS OF THE POLICE STATION				
WAS ANY WARNING VIGEN BY THE POLICE THAT YOU, YOUR DRIVER OR ANY OTHER PERSON MIGHT BE PROSECUTED?				YES
				NO

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT RECEIPT WAS GIVEN AT TIME OF LOADING?	
HOW WHERE THE GOODS PACKED, STOWED AND SHEETED?	
WERE ABOVE DONE IN ACCORDANCE WITH TRADE CUSTOM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
GIVE FULL DETAILS OF THE JOURNEY FROM THE TIME OF LAODING UNTIL THE HAPPENING OF THE LOSS OR DAMAGE AND DESCRIBE THE EVENT GIVING RISE TOTHE LOSS OR DAMAGE:	
WHAT ACTION DID THE DRIVER TAKE IMMEDIATELY AFTER THE HAPPENING OF THE LOSS OR DAMAGE?	
HAVE CONSIGNEES ACCEPTED DELIVERY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE CAN THE GOODS BE INSPECTED?	
ARE YOU THE OWNER OR CARRIER OF THE GOODS?	<input type="checkbox"/> OWNER <input type="checkbox"/> CARRIER
WAS THIS LOAD CARRIED BY YOU AS	1. PRINCIPLE CONTRACTOR <input type="checkbox"/> 2. SUB-CONTRACOR <input type="checkbox"/> 3. ANY SUB-CONTRACTOR EMPLOYED BY YOU <input type="checkbox"/>
IF 2. SUB-CONTRACTOR, WERE YOU CHARGED PREMIUM FOR INSURANCE OF THIS LOAD?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
GIVE REGISTERED LETTERS AND NUMBER OF VEHICLE ON WHICH THE GOODS WERE CARRIED	
DO YOU OWN THE VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, STATE NAME AND ADDRESS OF OWNER	
HAS THE DRIVER TO YOUR KNOWLEDGE BEEN INVOLVED IN ANY OTHER ACCIDENTS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE BRIEF DETAILS	
PLEASE STATE THE NAME(S), ADDRESS(ES) AND LENGTH OF SERVICE OF DRIVER(S) EMPLOYEE(S)	

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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