

GOODS IN TRANSIT CLAIM FORM

BROKER:	POLICY NO:
INSURER:	CLAIM NO:

1. INSURED

Name:	Contact no:
Address:	
Business / occupation:	VAT reg no:

2. LOSS / DAMAGE

Date of loss / damage:	Time of loss / damage:
Description of goods concerned:	
No. of packages:	Total weight:
If goods were part only of consignment, describe nature of other goods and value:	
.....	
.....	
Address from which goods were despatched:	
Date despatched:	Time (am / pm):
Circumstances of loss or damage:	
.....	
.....	
.....	
Reg no. of vehicle involved:	Make + model of vehicle:
Was matter reported to police?	Officer / station:
Date advised:	Case no:

If another vehicle was involved, state name and address of:
Owner:
Insurers:
Name + address of witness(es):
.....
.....

3. IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:

How, and by whom were the goods transported?	
Have you advised them of the loss or damage?	Date advised:
Name of their insurers:	
Address of their insurers:	

