

Goods in Transit Claim Form

SECTION 1			
Policy No.			
Name of insured			
Address of Insured		Telephone No	
		Email	
Type of Business of Insured		Vat No.	
SECTION 2			
Date of Loss / Damage		Time	Am /Pm
Description of Goods Concerned			
No of Packages		Total Weight	
How were goods packed?			
If goods were part only of a consignment describe nature of other goods and value			
Address from which Goods were dispatched		Date Dispatched	
		Time Dispatched	
Circumstances of Loss / Damage			
Was the matter reported to the police?	YES / NO	Details of Officer / Police Station	

Date advised	/ /	Police File Reference No.	
SECTION 3			
If other vehicle was involved state name and address of:	a. Owner		
	b. Insurer		
Name and Address of Witness	1.		
	2.		
SECTION 4 – IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION			
How and by whom were the goods transported?			
Have you advised the transporter of the loss / damage?	YES / NO	Date advised	/ /
Name and Address of their Insurers			
N.B CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY			
SECTION 5 – IF YOU ARE NOT THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION			
Name and Address of Owners of the goods			
Name and address of their Insurers			
Were you the principal Contractor or the Sub-Contractor			
Registered letters and Numbers of your Vehicle concerned			
If Your vehicle was unattended at the time of loss or damage. How was it secured?			
Were the goods in sound condition when received?	YES / NO	Were they checked by your driver?	YES / NO
Did you or your Employees a) Load the vehicle?	YES / NO	b) Unload the vehicle	YES / NO

Did the consignees accept delivery?	YES / NO	If yes was a Receipt given?	YES / NO
Do you use the standard Trading conditions of Carriage?	YES / NO		
If NO what conditions of Carriage do you use?	Please attach specimen copy		
Has a claim been made against you by the owner?	YES / NO	If yes date received?	/ /

SECTION 6

PARTICULARS OF GOODS LOST OR DAMAGED

NOTE: All Invoices, Delivery Notes, Receipts and Correspondence are to be sent with this Form.

Quantity	Description	Value (Kshs.)

Address where damaged goods may be inspected

I / We declare that these particulars are true and complete in every respect

Signature of Insured

Date