



Goods-in-Transit Claim Form

Policy No.: Claim No.:

Intermediary:

Name:

Address:

Tel/Mobile No(s): E-mail Address:

Business of Insured:

Date and Time of Occurrence:

Description of goods concerned:

No of packages Weight

How were the goods packed?

If goods were part only of consignment describe nature of other of other goods and value:

Address from which goods were dispatched:

Date of dispatch: Name of Consignees:

Address

Tel/Mobile No(s): E-mail Address:

Circumstances of loss or damage:

Was the matter reported to the Police? Yes No

If 'Yes' state date when advised and details of Policy Officer or Police Station:

Owner:

If another vehicle was involved, state name and address of Insurer:

Details of witnesses:

If you are the owner of the Goods please complete this section:

How and by whom were the goods transported?

Have you advised then of the loss or damage? Yes No Date advised

Name and addresses of their Insurers:

