

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:	N	lame 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						

If you are claiming as carri	er of the goods, please complete	this section:				
Name and address of owners of the goods:						
For whom were goods carried?						
Details of Insurers:						
Were you the principal contractor or sub-contractor?						
Registered letters and number of your vehicle concerned:						
If your vehicle was unattended when loss or damage occurred, how was it secured?						
Where they checked by you Did you or your employees	s a. Load the vehicle? o. unload the vehicle	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No				
Did the consignees accept If so was a receipt given?	delivery	☐ Yes ☐ No ☐ Yes ☐ No				
What condition of carriage do you use? (please attach a specimen copy)						
Has a claim been made ag	ainst you by the owner? Yes	☐ No Date received:				
Particulars of goods Lost o	r Damaged					
Note: All invoices, Delivery Notes, Receipts and Correspondence are to be sent with this Form						
Quantity Des	cription			Value		
			Total:			
			lue of Salvage: cost of repairs			
Address where the		11011035 01	cost of repairs			
Address where the damaged goods can be inspected:						
All data will be treated wit /endorsing of this policy; p statistics. The Company ma- insurers or the Malta Insur-	nce PCC Limited) implements stands the utmost confidentiality. Proprocessing of claims; detecting, any exchange certain information ance Association for these purping to Atlas Insurance PCC Limite	ocessing of personal d preventing and suppre with your broker, sub poses. You may also re	ata will relate to essing fraud and -agent, appointe	the underwriting the keeping of ed experts, other		
Signature of Insured:		Date:				
Name (in BLOCK Letters):_						