

GOODS IN TRANSIT CLAIM FORM

The underwriters do not admit Liability by the issuing of this document

1. INSURED

Name: _____

Policy Number: _____ Vat Number _____

Address: _____

Tel No: _____

Contact Person: _____ Contact No: _____

Type of Business: _____

2. DATE AND PLACE OF EVENT GIVING RISE TO LOSS OR DAMAGE

_____ day of _____ 20____. Time _____

at _____

3. VEHICLE DETAILS

Make and type of vehicle: _____

Vehicle registration number: _____

Trailer: _____

Do you own the vehicle/trailer? _____

If no, state the name and address of owners:

4. OTHER VEHICLES INVOLVED

Name and Address: _____

Contact Numbers: _____

Where are they insured: _____ Policy No: _____

Directors: MD: H von Mansberg

5. WITNESSES

Name and Address: _____

Contact Numbers: _____

Name and Address: _____

Contact Numbers: _____

6. FULL DESCRIPTION OF GOODS LOST OR DAMAGED

Description: _____

No of packages or articles: _____

Amount of Claim: _____

For whom were the goods being carried? _____

Name, address and telephone number of the owners of the goods:

Name, address and telephone numbers of their insurers:

Where can the goods be inspected? _____

Were you the principal contractor or sub-contractor? _____

When and where were the goods loaded? _____

Did you or your employee's load the vehicle? _____

Did you or your employee's unload the vehicle? _____

Driver's name and surname: _____

Driver's ID number: _____

Did the driver check the consignment? _____

Directors: MD: H von Mansberg

Were clean receipts given at the time of loading? _____

How were the goods packed? _____

7. CIRCUMSTANCES OF THE LOSS

Give full details of the journey and describe the event giving rise to the loss:

What action did the driver take immediately after the loss or damage?

Have consignee's accepted delivery? _____

Did you use the Standard Trading Conditions? _____

If not, what conditions of carriage did you use
(Please attach a specimen copy) _____

Has a claim been made against you? _____

8. POLICE DETAILS

NB!! All losses must be reported to the police

Police Station at which loss was reported? _____

Phone Number: _____ Police Case Report No _____

Details of Police Officer: _____

Date Reported: _____

I / We declare the foregoing particulars to be true in every respect:

Date this _____ day of _____ 20_____ .

Insured's Signature _____

Capacity _____

Directors: MD: H von Mansberg

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS CLAIM FORM:

- Fully completed claim form
- Contract of Carriage / Load Confirmation between all parties involved
- Driver's statement describing circumstances up to and including the loss
- Copy of the original suppliers / sales invoice reflecting the cost price of the goods of the full load at the time of the loss
- SAP Case Number
- Third party details
- Horse and trailer roadworthy and licence certificates
- Full price itemised claim identifying items lost / damage
- Signed Delivery Note and / or Waybill
- Enlarged and clear copy of the Drivers current PrDP and licence, including any endorsements
- Foreign drivers – international drivers licence & asylum seekers permit
- Load confirmation and / or transport costs charged for the load delivery
- Cross border documents (SAD 500, Customs Declaration, SARS)
- Satellite tracking movement reported
- Hazchem documentation
- Truck and trailers insurance details & claim number and contact number
- **RMS – Date and Time Notified**

Directors: MD: H von Mansberg

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