



MJD RISK INSURANCE BROKERS CC

A member of the Financial Intermediaries Association of Southern Africa

GOODS IN TRANSIT CLAIM FORM

Policy No.....

1. Name of Insured:.....
Address:..... Telephone:.....
Business of Insured:VAT Reg No:.....

2. Date of loss / damage:.....Time:.....am / pm.
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:.....
Circumstances of loss or damage:.....
.....
Registration number of vehicle involved:.....
Make and type of vehicle:.....
Was matter reported to Police?.....Details of Officer / Station:.....Date advised:.....
Case Number:.....

3. If another vehicle was involved, state name and address of: A) Owner:.....
..... B) Insurers:.....
.....
Name and address of witness:.....

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

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

NB - CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY

5. Name and address of owners of the goods:.....

.....
 For whom were goods carried?.....
 Name and address of their insurers:.....
 Were you the principal contractor, or a sub-contractor?.....
 Did you or your employees (a) load the vehicle?..... (b) unload the vehicle?.....
 Did the consignees accept delivery?..... If so, was a receipt given?.....
 Did you use the Standard trading Conditions of Carriage?.....
 If not, what conditions of carriage did you use? (Please attach specimen copy).....
 Has a claim been made against you by the owner?.....Date received:.....

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
	TOTAL	

Address where damaged goods can be inspected:.....

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

Date:..... **Signature of Insured:**.....