

GOODS IN TRANSIT CLAIM FORM

Policyholder Detail

Insured			
Address			
		Code	
Broker Name		Policy Number	
Cell		Tel Number	
Fax		Email	
Date of Loss		Time (AM-PM)	
Make of Vehicle		Model of Vehicle	
Registration Number Horse		Registration Number Trailers	
Description of goods carried:			

New / Second Hand:		New	
Address from which goods were dispatched:			
		Code	
Date dispatched:		Nature of Loss (e.g: collision, hijack, overturning etc):	
Description of incident (attach driver's statement if possible):			

Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578

Directors:

Dr DP Botha (Chairman)
T Davey (Managing Director)
M Appelo
M Meyer
M Pretorius

Head Office:

A Block A, Block@Nature
472 Botterklapper Street
Die Wilgers,
Pretoria East, 0184

T 086 147 7752
F 086 538 5983
www.natsure.co.za

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Where did incident occur?		Current location of load?	
Contact name and number of person or insured in control of load:			
Was the matter reported to the police?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Details of Officer		Station	
Date Advised		Case Number	
(A) Owner:			
		Code	
(B) Insurers:			
		Code	
Name and address of witness			
		Code	
Name and address of owners of goods			
		Code	
For whom were goods carried			
		Code	
Name and address of their insurers:			
		Code	

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Were you the principal contractor, or sub-contractor:		Principal		Sub-Con ractor		
Did you or your employees		(A) Load the vehicle:		(B) Unload the vehicle		
Did the consignees accept delivery:				Yes		No
If so, was a receipt given? (Attach Copy)				Yes		No
Did you use the Standard trading Conditions of Carriage				Yes		No
If not, what conditions of carriage did you use? (Please attach specimen copy)						
Has a claim been made against you by the owner?	Yes		No		Date received	

Particulars of goods lost or damaged

Quantity	Description	Value

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Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated _____ / _____ / 20_____

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____

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