Associated Insurance Brokers Cape

Associated Insurance Brokers Cape 2006 (Pty) Ltd
Reg No 2005/026692/07 Licensed financial services provider (No 31032)

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CLAIM FORM: GOODS IN TRANSIT

Reset Submit

QUESTIONS	ANSWERS
Insured	
Policy Number	
Name of Insured	
Business of Insured	
Address	
VAT Reg. No.	
Tel. No.	Home: Cell:
Loss Details	
Date of loss or damage	
Time	
Description of goods concerned	
No. of Packages	
Total Weight	
How were the goods packed?	
If goods were part only of consignment describe nature of other goods and value	
Address from where goods were despatched	
Date despatched	
Name of consignees	
Address of consignees	
Circumstance of loss or damage	
Was matter reported to Police?	YES NO
Details of Officer / Police Station	
Date advised	
Other Party	
If another vehicle was involved, state name and address of:	OWNER:
	INSURERS:
Name and address of witnesses	
Owner of Goods	
If you are the owner of the goods, please complete this section	
How were the Goods transported?	
By whom were the Goods transported?	
Have you advised them of the loss or damage?	YES NO
Date advised	
Names & addresses of their insurers	

NB - Carriers should be notified of all losses without delay

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GOODS IN TRANSIT CLAIM FORM

QUESTIONS | ANSWERS

Carrier of goods

If you are claiming as carrier of the goods, please complete this section

Name of owners of goods	
Address of owners of goods	
For whom were the goods carried	
Name and address of their Insurers	
Were you the principle contractor or a sub-contractor?	principle contractor / sub-contractor
Registered Letters and No. of your vehicle concerned	
If your vehicle was unattended when loss or damage occurred, how was it secured?	
Were the goods in sound condition when received?	YES / NO
Were the goods checked by your driver?	YES / NO
Did you or your employees (a) Load the vehicle	YES / NO
(b) Unload the vehicle	YES / NO
Did the consignees accept delivery?	YES / NO
If so, was a receipt given?	YES / NO
Do you use the Standard Unicover Transport Operators Group Scheme Conditions of Carriage?	YES / NO
If not, what conditions of carriage do you use? (please attach a specimen copy)	
Has a claim been made against you by the owner?	YES / NO
Date received	

Particulars of Goods

Particulars of Goods Lost or damaged

NOTE: All invoices, Delivery Notes, Receipts and correspondence are to be sent with this form

Description	Quantity	Value

Address where damaged goods can be inspected	

GOODS IN TRANSIT CLAIM FORM

Authority of payment
INSURED'S BANKING DETAILS

It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information

Name of Bank	
Account No.	
Account Type	
Branch & Code No.	
Name of account Holder	

Declaration

Insured Signature

I / We hereby declare that the above and foregoing particulars to be true in every aspect

Capacity: _____

Date: _____