

INSURER: .....

## GOODS-IN-TRANSIT CLAIM FORM

This form should be completed and returned to the company immediately, whether a claim has been made on the insured or not. The Company does not admit liability by the issue of this form.

1. Name of Insured ..... Policy  
No.....

Address  
.....  
.....

Business  
.....  
.....

2. Date, Hour and Place of Accident  
.....

3. Cause of Accident  
.....  
.....  
.....

4. Nature and extent of damage  
.....

5. Nature and extent of damage to carrying vehicle  
.....

6. (a) Registration Number of vehicle involved  
.....

(b) The owner of vehicle  
.....  
.....

7. (a) Name and Address of owner of property damaged  
.....

(b) Details of properties damaged  
.....

(c) Estimated value of properties damaged  
.....

8. What steps were taken to reduce loss?  
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9. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom?  
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.....

10. Has the accident been reported to the police?  
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11. Give the number/name of the policeman if any, who took particulars  
.....  
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12. Name and address of witnesses of the accident  
.....

I/W e hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made

Date: .....Insured's Signature:  
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