



## GOODS IN TRANSIT CLAIM FORM

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*Please kindly return this Goods-in-transit claim form duly complete and signed for by either the insured or his/her authorized representative.*

### 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 or trailer: \_\_\_\_\_

If no, state name and address of owners:

#### 4. OTHER VEHICLES INVOLVED

Name and Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Where are they insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### 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 owner of the goods: \_\_\_\_\_

Name, address and telephone number  
of their Insurers: \_\_\_\_\_

Where can 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? \_\_\_\_\_

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 \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS CLAIM FORM:**

Fully completed Claim Form:

Contract of Carriage / Load Confirmation:

Driver's statement describing circumstances leading up to and including the loss

Copy of original suppliers/sales invoice reflecting the cost price of the goods of the full load at time of the loss :

Malawi Police Case #

Third Party Detail:

Horse and trailers roadworthy and licence :

certificates: Full price itemised claim identifying :

Items lost/damaged:

Signed Delivery Note and/or Waybill

Enlarged and clear copy of the Drivers current Professional Driver's Licence, including any endorsements Load confirmation and/or transport costs charged for the load delivery

Copy of insurance contract of all parties involved