

GOODS IN TRANSIT
CLAIM FORM

The issue of this claim form is not to be taken as an admission of Liability.

1. Name of Insured: -----
2. Address: -----
3. Policy Number: -----
4. Full Address at which damaged goods may be seen: -----

5. Date of Loss : -----
6. Give full details of how the loss occurred : -----

7. In the case of loss by theft, have the Police been notified?
If so, give name of Station and date of notification: -----

8. Do the goods belong to you, if so,
give full details of owners: -----

9. Are there any other insurance covering this loss? -----
10. What was the total value the goods being transported? -----
11. Amount of Loss? -----
(The attached Schedule must be completed)

I / We hereby declare that the property described herein was lost / damaged during the course of the journey covered by the Policy and I / we further declare the correctness of the information given.

Date: ----- Signature: -----

GOODS IN TRANSIT CLAIM FORM - SCHEDULE

A. DAMAGED ARTICLES

Item No.	Description Estimated Cost of Repairs	Estimated Value before transit	Nature of Damage

B. ARTICLES LOST

Item No.	Description Deduction for age	When and where Purchased or Amount Acquired	Price Paid