



TRANSIT CLAIM FORM

INSTRUCTIONS:

- (a) In your own interests please complete this form fully in every particular and return it immediately to the Carrier as instructed.
- (b) It will assist in settlement of claims if you attach a repairer's quotation to this form. Please contact your Carrier if you need advice.
- (c) Please give a full description of goods including the make and model where applicable.
- (d) The issue of this form does not in any way represent an admission of liability by the Carrier or Insurers.
- (e) The Carrier is merely an intermediary between you, the Insured and the Insurer, and the Carrier therefore does not accept the risks insured or any part thereof.

Name: Phone No: (bus)

Postal Address: Phone No: (home)

..... Cellphone No:

Address at which the damaged goods can be seen:

- (a) Date of dispatch: From: (Address)
- (b) Date of delivery: At: (Address)
- (c) Were goods held in storage before final delivery?
- (d) Have goods been moved subsequent to delivery by the Carriers?
- (e) Date upon which loss or damage discovered:
- (f) Date Carriers notified of loss or damage:
- (g) If claim is for breakage or shortage of items in containers, give following details:
 By whom packed?.....
 By whom unpacked?.....

(h) Value of consignment: Transit Certificate of Insurance No:

(i) Are the contents of your home insured? YES NO (tick the appropriate block)

(j) Was this a private Company Government move? (tick the appropriate block)

If not private, who is responsible for the charges? Name:

(k) Have the removal charges been paid?.....

(l) Should you want payment to be made direct into your banking account kindly furnish the following details:

Bank: Branch:

Branch Code: Account No:

