

**GOODS IN TRANSIT CLAIM FORM**

**The submission of this claim form to Senate Transit Underwriters Managers (Pty) Ltd and all subsequent communications will not constitute any express or tacit acknowledgment of liability.**

Policy No:.....

1. Name of Insured:..... Telephone Nr: .....  
Address:.....  
Business of Insured:..... VAT Reg Nr: .....

2. Date of loss / damage:..... Time:.....am / pm  
Description of goods concerned: .....  
No of packages: ..... Total weight:.....  
If goods were part only of consignment, describe nature of other goods and value:.....  
.....  
Address from which goods were dispatched: .....  
Date dispatched: ..... Time:.....am / pm  
Circumstances of loss or damage:.....  
.....  
.....  
.....  
Registration number of vehicle involved: ..... Make and type of vehicle:.....  
Was the matter reported to the Police:..... Details of Station:..... Details of Officer:.....  
Date reported:..... Case number: .....

3. If another vehicle was involved, state the name and address of:  
A) Owner: .....  
B) Insurers: .....  
C) Witness(es):.....  
.....

**IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:**

4. How and by whom were the goods transported: .....  
.....  
Have you advised the carrier of the loss or damage:..... Date advised:.....  
Name and address of the carriers Insurers: .....  
.....

**NB: CARRIERS MUST BE NOTIFIED OF ALL LOSSES WITHOUT DELAY!**

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5. Name and address of owner(s) of the goods: .....

For whom were the goods carried:.....

Name and address of their Insurers.....

Were you the principal contractor, or sub-contractor: .....

Did you or your employees:           a) load the vehicle:..... b) unload the vehicle:.....

Did the consignees accept delivery: ..... If yes, was a receipt given:.....

Did you use the Standard Trading Conditions of Carriage: .....

If not, what conditions of carriage did you use (please attach specimen copy): .....

Has a claim been made against you by the owner: .....Date received: .....

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**PARTICULARS OF GOODS LOST OR DAMAGED**

6. NOTE: All invoices, delivery notes, receipts and correspondence are to be submitted with this form.

QUANTITY	DESCRIPTION	VALUE
<b>TOTAL:</b>		

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Address where damaged goods can be inspected: .....

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**I / we declare that these particulars are true and complete in every respect:**

**Date:** ..... **Signature of Insured:** .....

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