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GOODS IN TRANSIT CLAIM FORM

1. Name _____ Policy number _____
Address _____ Date of payment of last premium _____
Telephone number _____

2. When were the goods lost or damaged? At _____ a.m. /p.m. on _____

3. Claims arising from THEFT, PILFERAGE OR SHORT DELIVERY MUST BE REPORTED TO THE POLICE.

Please give the address of the police station to which the loss was reported _____

Date reported _____ Time reported _____ a.m./p.m.

4. If the claim is for damage, where can the damaged goods be inspected? _____

5. (a) Please State exactly how and where the loss or damage occurred and say what action was taken immediately afterwards _____

A statement from the driver must be provided.

(b) If in your opinion, the loss or damage was caused by the fault of any person or persons, give their names and addresses _____

6. (a) Name and address of consignors _____

(b) Where were the goods picked up? _____

(c) Was a clear receipt given at the time of loading? _____

7. (a) Name and address of consignees _____

- (b) What receipt was given on delivery? Was it (i) clear or (ii) claused or qualified in any way? _____

8. (a) Did you carry the goods as principal contractor or as sub-contractor?
(i) If as sub-contractor were you charged premium for the insurance of the goods? Yes. No.
(ii) If principal contractor, please give name and address _____

- (b) If as principal contractor, did you charge your sub-contractor premium for the insurance for this load?
Yes No
- (c) If conditions of carriage apply, please submit details _____

9. Please give the following information:
(a) Did the driver himself count or check the consignment? Yes No
(b) How were the goods packed _____
(c) Does this form of packing accord with trade custom? Yes No
(d) How were the goods stowed, sheeted, etc? _____

10. Please give the following information about the vehicle:
(a) Make, type, and carrying capacity _____

- (b) Registered number _____
- (c) Licence _____ B, or C _____
- (d) Are you the owner? Yes No
- (e) If not, please give name and address of owner: _____
- (f) Name and address of the motor insurers of the vehicle: _____

11. Please give the following information about the men employed on the vehicle:

Name _____ Age _____ Length of service _____

Name _____ Age _____ Length of service _____

Name _____ Age _____ Length of service _____

12. Please give the following information about the load or consignment:

(Load means all the goods on the vehicle at the time of the loss or damage)

(a) Description of goods _____

(b) Number of packages _____

(c) Total weight _____

(e) Total value of the whole load (not merely the part lost or damaged) KShs _____

13. Please give the following information about the goods lost or damaged:

(a) Description of goods _____

(b) Number of packages _____

(c) Total weight _____

(d) Value of goods lost or damaged _____ KShs.

(e) Less salvage (if any) _____ KShs.

(f) Amount of claim _____ KShs.

(g) Less excess under the policy (if any) _____ KShs.

(h) Net claim _____ KShs.

Note The following documents, where applicable, are required in support of this claim, and should be attached to this form.

- (a) Invoice or account
- (b) A true copy of the receipt given for the goods.
- (c) The signed delivery note obtained when the goods were delivered.
- (d) All other relevant documents and all correspondence.

I/We declare the foregoing particulars to be true and complete and that I/we hold no other policy indemnifying me/us in respect of this claim.

Signature: _____

Date: _____