

**TRANSIT CLAIM FORM**

1. Name of Assured		
2. Address & Telephone Number		
3. Date of Loss or Damage		
4. Place of Occurrence		
5. Particulars of Occurrence		
6. Nature of Goods lost or damaged		
7. Quantity	Weight	Value
8. Goods Lost or Damaged: Quantity	Weight	Value
9. Total Value of load at time of Occurrence		
10. If goods damaged, where may property be inspected		
11. Name & Address of Sub Contractors (If applicable)		
12. Name & Address of Consignors		
13. Name & Address of Owners of goods lost or damaged		
14. Address from which goods were collected		
15. Time & Date of Collection		
16. Address to which the goods were conveyed		
17. Have consignees accepted delivery? If so, have they given clear receipt?		
18. Has any claim been made against you? If so by whom		
19. Were goods checked on to vehicle? If so by whom?		
20. Conditions of Carriage applicable at time of loss.		
21. Has the matter been reported to the police? If so, which station?		

