



Name and address of witness:			
		Code	
Name and address of owners of the goods:			
		Code	
For whom were goods carried:			
		Code	
Name and address of their insurers:			
		Code	
Were you the principal contractor, or a sub-contractor:			
Did you or your employees	(A) Load the vehicle:	(B) Unload the vehicle:	
Did the consignees accept delivery:		Yes	No
If so was a receipt given:			
Did you use the Standard trading Conditions of Carriage?		Yes	No
If not, what conditions of carriage did you use? (please attach specimen copy)			
Has a claim been made against you by the owner: Yes <input type="checkbox"/> No <input type="checkbox"/> Date received: _____			

## PARTICULARS OF GOODS LOST OR DAMAGED

Quantity	Description	Value

## DECLARATION

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

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature