

GIT CLAIM FORM

INSURED DETAILS

Address:									
							Code		
Broker Name				Policy Numb	oer				
Cell				Tel Number					
Fax				E-mail					
Date of Loss				Time (AM-PN	Л)				
Make of Vehic	cle			Model of Ve	hicle				
Registration N	Number Horse			Registration	Numbe	er Trailers			
Description of	f goods carried:						'		
New / Second Hand:						New	Sec	ond Hand	
Address from	which goods wer	e dispatched:							
Date dispatch	ned:	Natu	re of loss (e	eg: collision, hijad	ck overtu	urning etc):			
Brief descript	ion of incident (att	tach driver's stat	ement if po	ossible):					
Where did inc	cident occur:			Current location	n of load	d:			
Where did inc		person or insured		Current location of load:	n of load	d:			
	cident occur: e and number of p	person or insured			n of load	d:			
Contact name					n of load	d:	S	No	
Contact name	e and number of per reported to the				n of load		S	No	
Contact name	e and number of per reported to the cer / Station:				n of load		S	No	
Contact name Was the matt Details of Offi Date Advised	e and number of per reported to the cer / Station:	police?	d in control	of load: Case Number:	n of load		S	No	
Contact name Was the matt Details of Offi Date Advised	e and number of per reported to the cer / Station:	police?	d in control	of load: Case Number:	n of load		S	No	
Was the matt Details of Offi Date Advised If another veh	e and number of per reported to the cer / Station:	police?	d in control	of load: Case Number:	n of load		S	No	
Was the matt Details of Offi Date Advised If another veh	e and number of per reported to the cer / Station:	police?	d in control	of load: Case Number:	n of load			No	



Name and addres	s of witness:							
						Code		
Name and addres	s of owners	of the goods:						
						Code		
For whom were go	oods carried:							
						Code		
Name and addres	s of their ins	urers:						
						Code		
Were you the prin	-	1			(5)			
Did you or your er	· ·	1	oad the vehicle: (B) Unload the					
Did the consignee	-	very:				Yes	No	
If so was a receipt		O Britana	. (0				NI.	
Did you use the S						Yes	No	
If not, what condition	ions of carria	ige ala you use	e? (piease a	ttach specin	nen copy)			
Has a claim been n		· · · · · · · · · · · · · · · · · · ·		No	Date received	:		
Quantity	OF GOODS LOST OR DAMAGED Description						Value	
			•					
DECLARATION								
/ we declare that	these partic	culars are true	e and comp	lete in ever	y respect.			
Signed at: Date:								
-ull Name:								
diritanie.								
Signature							D	

