

GOODS IN TRANSIT CLAIM FORM

Please answer questions fully and return this form without delay

POLICY NUMBER 09399 Date of payment of last premium _____

Name of Insured _____

Occupation _____ Telephone No.(Business) ffff

Were the Goods lost or were they damaged? _____

Date and time of loss or damage _____ Place _____

By whom reported? _____

How did the damage occur? _____

IF GOODS WERE CARRIED IN OWN VEHICLE OR VEHICLE OPERATED BY YOU, STATE:-

Reg. No. of Vehicle _____ Make and type _____

Value of load _____

IF GOODS WERE IN HIRED VEHICLE, STATE:-

Date and time of Dispatch _____

By parcel/Letter/Registered Post form _____

Goods _____ Company's _____

By _____ Rail at _____ Risk from _____ station _____

Passenger _____ Owner's _____

By Road Carrier (name address) _____

_____ From _____ Depot _____

Was any receipt obtained? _____ (A) on collection _____ (b) on delivery _____

(If so, please forward them)

Date of notification in writing to person or persons responsible for transit or storage

Conditions of carriage: As most Carriers lay down to their Conditions time limits for the notification of loss or damage, and above of the details of such loss or damage, it is particularly requested that prompt notification is made to the Carrier concerned

IN RESPECT OF PROPERTY LOST

When did you advise the Police and where? _____

What other steps have you taken to trace it _____

IN RESPECT OF PROPERTY DAMAGED

Where can the damaged goods be inspected? _____

Was the property claimed for, your own? _____

If not, give details of ownership or interest _____

Are there any other effective insurances over the property concerned _____

If so, state particulars _____

Has the Current Premium been paid? _____

If yes, when was it paid and to whom? _____

N.B. THESE QUESTIONS MUST BE FULLY ANSWERED

STATEMENT OF CLAIM

N.B. (1) The Amount to be claimed on any article is limited to the actual intrinsic value at the time of the loss.
The amount of damage should be stated

N.B. (2) Receipts obtained at time of purchase of the under mentioned articles should be attached wherever possible for inspection and subsequent return.

Description of property	If damaged state nature of damage	Belonging to	When and where bought	Price paid		Deduction for age, use wear and tear		Amount claimed	
				₹	K	₹	K	₹	K

I HEREBY DECLARE that the property claimed for particulars of which are given above, has been lost or damaged and that all the statements on this form are, to the best of my knowledge and belief, correct.

Date _____ 20 _____ Signature _____

DISCOVERY OF LOSS: The Assured must promptly take all practical steps to trace the property and secure conviction of the guilty party or parties.

NOTIFICATION OF POLICE: The Police Authorities must be notified of loss without delay.

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM: