



The issuing of this form is not to be taken as an admission of liability by the issuer

GOODS IN TRANSIT CLAIM NO _____ **POLICY NO** _____

Please answer all question fully and return this form to the Company with relevant documents in support of the claim

Insured Details	Name of Insured _____ Address _____ Code _____ Telephone No. _____ Cell No. _____ E-mail Address _____ Business or Occupation _____ Contact Name _____												
Loss Details	1. Date of loss _____ Time _____ Place of loss _____ 2. Describe how the loss/damage _____ _____ _____ _____ _____ N.B. If the vehicle was unattended at the time of loss, how was it secured? _____ _____												
Police Records	3. Was the matter reported to the police? _____ If so, which police station _____ The date the matter was reported to the police _____ (A copy of the Police Report of the incident should be supplied)												
Carrier Details	4. Were the goods being carried in your own vehicle? _____ If so, please state the registration details of the vehicle _____ State the name of the Insurer of the vehicle _____ 5. If the loss/damage arose out of a motor vehicle accident, please identify all vehicles and owners involved: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Registration Details</th> <th style="text-align: left;">Vehicle Type</th> <th style="text-align: left;">Name & Address of Owner</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Registration Details	Vehicle Type	Name & Address of Owner	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
Carrier Details	6. If the goods were not being carried in your own vehicle, please state mode of transport i.e. Road/Rail/Aircraft/Inland Water/Coastal Water _____ Note: If the loss or damage arose out of a road accident, please complete question 5												
Carrier Details	7. State the name and address of Carrier of goods claimed for _____ _____												

	Were the goods being carried at Owners' Risks or Carriers' Risk _____	
Carrier Details	Note: a) Please attach copy of Delivery/Consignment note and carrier's terms of carriage b) If you haven't already done so, please write to the Carrier holding them responsible for the loss/damage and attach to this form a copy of your letter and any response received	
Goods Description	8. Description of goods concerned _____ _____ _____ How where the goods packed? _____ How many packages were in the consignment? _____ What was the total value of the consignment? _____ a) Cost Price _____ b) Selling price _____ Consignee's name and address _____ _____ Date the goods left your premises _____ 9. Starting point and destination of transit _____ Who was accompanying property lost? _____ _____ If employees, state age and duties _____ Are they insured under Fidelity Guarantee Policy? _____ If so, state Insurers name, address and Policy No. _____ _____ How often is this transit made? _____ What is maximum ever carried at one time? _____	
Loss Particulars	Note: All Invoices, Delivery Notes, Receipts and relevant correspondence are to be returned with this form	
	QUANTITY	DESCRIPTION
	VALUE (KSH)	
		TOTAL VALUE OF SALVAGE
	NETT LOSS/REPAIR COST	
	Address where damaged goods can be inspected _____ _____ _____	
Declaration	I/We declare that these particulars are true and complete in every respect _____ Date _____ Signed _____ Name of persons signing on Insured's Behalf _____	