

## GOODS IN TRANSIT LOSS REPORT FORM

Policy No.       Expiry date       Claim No.

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1. (a) Name of Insured   
Address of Insured   
(b) Business Address   
(c) Telephone No.

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2. Date, Time and place of loss or damage.  
(a) Date       (b) Time   
(c) Place

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3. State briefly how loss or damage occurred

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4. (a) Date goods collected       (b) Date of delivery, if made   
(c) where may damaged goods be inspected

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5. In transit  
From   
To

- 
6. Name and address of Carrier  
Name of Carrier   
Address of Carrier

7. If goods carried by own vehicle, state:

(a) Registration Mark

(b) Name of Driver

(c) Total value of goods

(i) on vehicle

(ii) on trailer

8. (a) Was a clear receipt given by:

(i) driver  Yes  No

(ii) consignee  Yes  No

(b) If not, how was it Classed?

9. Was the conveyance of the goods subject to Conditions of Carriage, written or otherwise.  Yes  No

If so, indicate the weights of the total consignment and of the package damaged or lost

10. Has any notice of claim been made to the Carriers or Third Parties?  Yes  No

11. Have the Police been notified and, if so, at which station?  Yes  No

12. Is there any other insurance covering the Loss?  Yes  No

If so, give particulars

Description of Goods lost or damage	Value	Salvage	Net Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		TOTAL	<input type="text"/>

I/We, the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date

Signature(s) \_\_\_\_\_

\_\_\_\_\_