

INSURED

Full Name			
Policy No.			
Address			
		Code	
Vat No.		Tel No.	
Business of Insured			

LOSS / DAMAGE DETAILS

Date of Loss/Damage		Time (hh:mm)	
Description of Goods Concerned			
No. of Packages		Total Weight	
Description of Loss			

If goods were only part of the consignment, describe the nature of the other goods and value.

Address from which goods were dispatched			
		Code	
Date Dispatched		Reg No. of Vehicle Involved	
Make		Model	

POLICE

Was matter reported to police?	Yes	No
Details of Officer	Police Station	
Date Advised	Case No.	

OTHER VEHICLE (If another vehicle was involved)

Full Name of Owner	
Insurer/s	
Address	
	Code

WITNESSES
Witness 1

Full Name	
Tel No.	
Address	
	Code

Witness 2

Full Name	
Tel No.	
Address	
	Code

IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION

How were the goods transported?	
Transported by whom?	
Insurer/s	
Have you advised them of the loss or damage?	Yes No
Date Advised (yyyy/mm/dd)	NB: CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY
Name of Insurer/s	
Address	
	Code
Owner of the Goods	
Address	
	Code

OWNER OF THE GOODS CONTINUED

For whom were the goods carried?			
Name of Insurer/s			
Address			
		Code	
Were you the:	Principle Contractor		Sub-Contractor
Did you or your employees:	Load the Vehicle		Unload the Vehicle
Did the consignees accept the delivery?	Yes		No
Did you use the Standard Trading Conditions of Carriage?	Yes		No
If No what conditions of carriage did you use? (Attach specimen copy)			
Has a claim been made against you by the owner?		Yes	No
Date Received (yyyy/mm/dd)			
Address where damaged goods can be viewed			
		Code	

PARTICULARS OF GOODS LOST OR DAMAGED

NOTE: All invoices, delivery notes, receipts and correspondence are to be sent with this form

Quantity	Description	Value

DECLARATION

I / We hereby declare the above particulars to be true in every respect.

Signature of the Insured		Date (yyyy/mm/dd)	
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