

SAVANNAH MARINE

3 Rolina Avenue, Quellerina, 1729 / P.O. Box 1410, Allens Nek, 1737

Tel: (011) 831 0720. Fax: (011) 831 0726

GOODS IN TRANSIT CLAIM FORM

Every question must be fully answered, the abbreviation N/A should be used where the question is not applicable.

The Company does not admit Liability by issuing this document.

NB: Kindly be advised that all claim forms are for the client's completion.**INSURED**

Name:

Address:

Telephone:

Fax:

Contact:

Email:

Policy No:

Vat No:

DETAILS OF LOSS OR DAMAGE

Date of loss:

Time of loss:

Description of goods concerned:

Number of packages:

Total weight:

How were the goods packed?

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

Address from where the goods were dispatched:

Date the goods were dispatched:

Names and addresses of consignees:

Circumstances of loss or damage:

Was the matter reported to the police?

☐ YES☐ NO

Details of officer / station:

Date advised:

ADDITIONAL INFORMATION

If another vehicle was involved, please complete the following:

Name of owner:
Address of owner:
Name of insurer:
Address of insurer:

Names and addresses of witnesses:

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OWNER (If you are the owner of the goods, please complete this section)

How, and by whom were the goods transported:

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Have you advised them of the loss or damage?

YES

NO

Date advised:

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Name and contact number of their insurer:

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NB: Carriers should be notified of all losses without delay.

CARRIERS (If you are claiming as a carrier of goods, please complete this section)

Name and addresses of the owners of the goods:

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For whom were the goods carried?

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Name and contact number of their insurer:

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Were you the sub-contractor or principle contractor?

SUB-CRONTACTOR

PRINCIPLE CONTRACTOR

Number of vehicles concerned:

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If your vehicle was unattended when loss or damage occurred, how was it secured?

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Were your goods in sound condition when received?

YES

NO

Were they checked by the driver?

YES

NO

Did you or your employees load the vehicle?

YES

NO

Did you or your employees unload the vehicle?

YES

NO

Did the consignees accept the delivery?

YES

NO

If so, was a receipt given?

YES

NO

Has a claim been made against you by the owner?

YES

NO

Date Received:

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PARTICULARS OF GOODS LOST OR DAMAGED

All invoices, delivery notes, receipts and correspondence are to be sent to us

Description	Quantity	Value

TOTAL: R -

Address where damaged goods can be inspected:

DECLARATION

I / We declare that to the best of my / our knowledge the above particulars to be true in every respect.

Signature of the Insured:

Date: