

**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  NODetails 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:


**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:


For whom were the goods carried?

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Name and contact number of their insure:

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Were you the sub-contractor or principle contractor?

**SUB-CRONTRACTOR****PRINCIPLE CONTRACTOR**

Number of vehicles concerned:

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


Were your goods in sound conditionwhen 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

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:

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