

## GIT CLAIM FORM

### INSURED DETAILS

Insured			
Address:			
		Code	
Broker Name		Policy Number	
Cell		Tel Number	
Fax		E-mail	
Date of Loss		Time (AM-PM)	
Make of Vehicle		Model of Vehicle	
Registration Number Horse		Registration Number Trailers	
Description of goods carried:			
New / Second Hand:		New	Second Hand
Address from which goods were dispatched:			
Date dispatched:		Nature of loss (eg: collision, hijack overturning etc):	
Brief description of incident (attach driver's statement if possible):			
Where did incident occur:		Current location of load:	
Contact name and number of person or insured in control of load:			
Was the matter reported to the police?		Yes	No
Details of Officer / Station:			
Date Advised:		Case Number:	
If another vehicle was involved, state Name and Address of:			
(A) Owner:			
		Code	
(B) Insurers:			
		Code	

Name and address of witness:				Code			
Name and address of owners of the goods:				Code			
For whom were goods carried:				Code			
Name and address of their insurers:				Code			
Were you the principal contractor, or a sub-contractor:							
Did you or your employees		(A) Load the vehicle:		(B) Unload the vehicle:			
Did the consignees accept delivery:						Yes	No
If so was a receipt given:							
Did you use the Standard trading Conditions of Carriage?						Yes	No
If not, what conditions of carriage did you use? (please attach specimen copy)							
Has a claim been made against you by the owner:		Yes	No	Date received:			

**PARTICULARS OF GOODS LOST OR DAMAGED**

Quantity	Description	Value

**Declaration**

**I / we declare that these particulars are true and complete in every respect.**

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature