



**GOODS IN TRANSIT CLAIM FORM**

CLAIM NO. \_\_\_\_\_

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if necessary. Date format is DD/MM/YY.

Branch or Agent \_\_\_\_\_ VAT No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Account No. \_\_\_\_\_

**SECTION 1** DETAILS OF INSURED

Name of insured \_\_\_\_\_ Business No. \_\_\_\_\_

Email address \_\_\_\_\_ Cell No. \_\_\_\_\_

Address \_\_\_\_\_

Noting the definition below, please select which of the following is applicable to you:

- Politically Exposed Person (PEP)
- Related to a Politically Exposed Person (PEP)
- Not Applicable

A **Politically Exposed Person** (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.

**SECTION 2** DETAILS of CLAIM

Date of loss or damage \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Description of goods concerned \_\_\_\_\_

No. of packages \_\_\_\_\_ Total weight \_\_\_\_\_

How were the goods packed? \_\_\_\_\_

If goods were part only of consignment describe nature of other goods and value \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address from which goods were dispatched \_\_\_\_\_

Date dispatched \_\_\_\_\_

Name and address of consignees \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Circumstances of loss or damage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the matter reported to Police?  Yes  No If Yes, Date Reported \_\_\_\_\_

Details of Officer or Station \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If another vehicle was involved, state Name, Address and Contact Numbers of the:

(a) Owner \_\_\_\_\_

(b) Insurer \_\_\_\_\_

Please provide the following details of the Witnesses:

	Witness 1	Witness 2	Witness 3	Witness 4
Name				
Address				
Tel. No.				

**SECTION 3** IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION

How and by whom were the goods transported? \_\_\_\_\_

Have you advised them of the loss or damage?  Yes  No Date advised \_\_\_\_\_

Name, Address and Contact No. of their Insurers \_\_\_\_\_

N.B. CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY.

**SECTION 4** IF YOU ARE CLAIMING AS A CARRIER OF THE GOODS, PLEASE COMPLETE THIS SECTION

Name, Address and Contact No. of Owners of the goods \_\_\_\_\_

For whom were goods carried? \_\_\_\_\_

Name, Address and Contact No. of their Insurers \_\_\_\_\_

Were you the principal contractor, or sub-contractor?  Yes  No

Registered letters and numbers of your vehicle concerned \_\_\_\_\_

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

Were the goods in sound condition when received?  Yes  No Were they checked by your vehicle?  Yes  No

Did you or your employees a) load the vehicle?  Yes  No b) unload the vehicle given?  Yes  No

Did the consignee accept delivery?  Yes  No If Yes, was a receipt given?  Yes  No

What conditions of carriage do you use? (Please attach a specimen copy) \_\_\_\_\_

Has a claim been made against you by the owner?  Yes  No If Yes, Date received \_\_\_\_\_

Noting the definition below, please select which of the following is applicable to you:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

A **Politically Exposed Person** (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.





**GOODS IN TRANSIT CLAIM FORM**

CLAIM NO. \_\_\_\_\_

- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Date \_\_\_\_\_ Signature of insured \_\_\_\_\_

(If an Insured Company, agree status of Signatory)