

**SAVANNAH MARINE**

Block 1, First Floor, Constantia View Estate, Hogsback Road, Quellerina, 1709

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
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NO
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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 insure:

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Were you the sub-contractor or principle contractor?

SUB-CONTRACTOR
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PRINCIPLE CONTRACTOR
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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
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NO
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Were they checked by the driver?

YES
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NO
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Did you or your employees load the vehicle?

YES
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NO
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Did you or your employees unload the vehicle?

YES
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NO
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Did the consignees accept the delivery?

YES
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NO
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If so, was a receipt given?

YES
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NO
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Has a claim been made against you by the owner?

YES
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NO
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Date Received:

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