Meanwood General Insurance Ltd

Stand No. 1070, Fairview

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GOOD IN TRANSIT CLAIM FORM

The issue of this claim form is not to be taken as an admission of liability

INSURED DETAILS

Name			
Address		Tel No:	
Policy No:		Fax No:	

DEATAILS OF LOSS

1. Full address at which damaged goods May be seen	
2. Date of loss	
3. Give full details of how the loss occurred	
4. Do the goods belong to you? If not, Give details of owners	
5. Are there any other insurance covering This loss?	
6. In case of theft, have the Police been Notified? If so, give name of Station And date of notification	
7. What was the total value of goods Which was being transported?	
8. Amount of loss?	

I/We hereby declare that the property described herein was lost/damaged during the course of the journey covered by the policy and I/we further declare the correctness of the information given.

Signature:…… Date:……..

(Kindly complete the attached schedule)

GOOD IN TRANSIT CLAIM FORM – SCHEDULE

A. DAMAGED ARTICLES

Item No.	Description	Nature of damage/ estimated value of repairs	Estimated cost before transit

B. LOST ARTICLES

Item No.	Description and amount	When and where acquired	Purchased or price paid	Deduction for wear and tear/ depreciation