SAVANNAH MARINE

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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 issueing this document.

NB: Kindly be advised that all claim forms are for the client's completion.

INSURED									
Name:									
Address:									
Telephone:	Fax:								
Contact:	Email	i:							
Policy No:	Vat No	D:							
DETAILS OF LOSS OR DAMAGE									
5. (1)									
Date of loss:	Time of I	oss:							
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 invovled, please		Name of owne							
complete the following:		Address of ow							
		Name of insur							
		Address of ins	urer:						
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 t	ransported:								
Have you advised them of the loss o	r damage?	YES		NO					
Date advised:									
<u> </u>									
Name and contact number of their in	surer:								
NB: Carriers should be notified of	all losses without de	elay.							
CARRIERS (If you are claiming as a	carrier of goods, plea	ise complete th	is section)						
or minimize (iii you are cramming as a	oumer or goods, prod	ioo oompioto iii							
Name and addresses of the owners	of the goods:								
For whom were the goods carried?	ı								
Tor whom were the goods carried:									
Name and contact number of their in	sure:								
		ĺ							
Were you the sub-contractor or princ	ciple contractor?		SUB-CONTF	RACTOR	PRINCIP	LE CONTRACTOR			
Number of vehicles concerned:	İ			1					
Training of Vollidies condemical				1					
If your vehicle was unattended when	loss or damage occur	rred,							
how was it secured?									
Were your goods in sound conditions	when received?		YES	1	NO				
vvere your goods in sound conditions	when received:	ļ	TEO	J					
Were they checked by the driver?			YES]	NO				
Did you or your employees load the v	vehicle?		YES]	NO				
		1		1					
Did you or your employees unload th	e vehicle?		YES	J	NO				
Did the consignees accept the delive	ery?		YES]	NO				
If so, was a receipt given?			YES]	NO				
Has a claim been made against you	by the owner?		YES]	NO				
Date Received:									

PARTICULARS OF GOODS LOST OR DAMAGED				
All invoices, delivery notes, receipts and correspondence a	re to be sent to us			
Description		Quantity		Value
			TOTAL: R	-
Address where damaged goods can be inspected:				
DECLARATION				
ZECEARATION				
/ We declare that to the best of my / our knowledge th	e above particulars to I	be true in every respect.		
Signature of the Insured:		Date:		
Kindly submit the following documents / information (a	as indicated) to us at yo	our earliest convenience in	n order to give t	his claim our furt
Completed Goods in Transit Claim Form				
Suppliers Invoice(s)				

Packing Slips Transporters Delivery Note or Waybill SAPS Accident Report **Drivers Sworn Statement Drivers Licence / Professional Drivers Permit** Drivers ID Vehicle Registration Certificate

Priced Claim