

Goods in Transit Claim Form



10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ
 Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

- When completing this form, please tick the appropriate boxes and answer all questions using **BLOCK CAPITALS**.

1 You the Policyholder

Name of the Insured

Address

Town County

Postcode Date Premium Paid

Occupation Telephone Number

Policy Number Value Added Tax. Are you a registered person or company? Yes No

2 Circumstances of the Claim

a Date of accident/loss (dd/mm/yyyy) Time am/pm

b Exact place where accident/loss occurred

c Were you the owner of the goods? Yes No
 If no, please give name and address of owner

Complete Section 3, 4 or 5 as applicable for Goods in Transit by post, road or National Rail/National Carriers

3 Road Haulage

a Registration No. of vehicle
 Make Year

b Type of Vehicle: Platform Articulated
 Fully Enclosed Dropside Tanker
 Carrying Capacity

c Are you the owner of the vehicle? Yes No
 If no, please give name and address of owner

d Name and address of Motor Insurers of the vehicle

e Names of men employed on the vehicle with age and years of service

Name	Age	Service
<input type="text"/>	<input type="text"/>	<input type="text"/> years
<input type="text"/>	<input type="text"/>	<input type="text"/> years

f Address of police station to which accident/loss was reported

3 Road Haulage *continued*

g Date reported (dd/mm/yyyy) Time am/pm

h Please state exactly how the loss/damage occurred and what action was taken immediately afterwards

i If the loss/damage was caused by the fault of any person(s), please give the names and addresses

j Name and address of consignors

k Address where the goods were picked up

l Did driver count/check consignment?

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m How were the goods packed?

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n How were the goods stowed, sheeted etc?

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o Name of occupiers and address to which goods were conveyed

p If goods were damaged where can the property be inspected?

q What receipt was given i.e. Clear or Qualified in some way when:

i Goods were picked up/loaded

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ii Goods were delivered/unloaded

--

r If you were principal contractor give name and address of sub-contractor

s If you were sub-contractor give name and address of your principals

t What conditions of carriage apply?

u Load/consignment description:

i Nature of goods

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ii Number of packages

--

iii Total weight

--

iv Total value of whole load £ (include damaged/loss portion)

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v Damage description:

i Nature of goods

--

ii Number of packages

--

iii Total weight

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Value of goods lost/damage £

Value of salvage (if any) £

Please attach invoice/account, copy receipt given for the goods, delivery note (when goods were delivered) and all other relevant documents and correspondence.

4 Post

a Nature of goods

 Total number parcels/cartons despatched

b Posted at
 Post Office
 By Parcel Letter Registered
 Reordered Delivery Post

c Registered/Recorded post receipt no.
 Loss of Parcels
 Damage to Parcels
 Shortage from Parcels

d If claim for damage/pilferage has packing been kept for inspection?

e Total number of items missing from parcel

f Cost Price £
 Value of Salvage £
 Cost of Repairs £

g Date Post Office advised (dd/mm/yyyy)

Please attach all correspondence with Post Office, customer and copy of invoice and compilation of claim when necessary.

5 National Rail/National Carriers Ltd

a Nature of goods
 Total number parcels/cartons despatched

b National Rail National Carriers Ltd
 Depot/Station Region

c Goods despatched at Boards Owner Risk
 (Attach copy of Consignment Note)

d Weight of whole consignment Value of whole consignment £

e Weight of loss/damaged/pilfered part Value of affected part £

f Loss of Parcels
 Damage to Parcels
 Shortage from Parcels

g Cost Price £
 Value of Salvage £
 Cost of Repairs £

h Date Carriers/Railway advised (dd/mm/yyyy)

Please attach all correspondence with National Rail/National Carriers Ltd., customer and copy of invoice and completion of claim when necessary.

6 Declaration

I/We declare the foregoing particulars to be true and complete and that I/we hold no other policy indemnifying me/us in respect of this claim.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants. I/We understand that you may seek information from other insurers to check the answers I/we have provided.

Signature Date (dd/mm/yyyy)

NIG policies are underwritten by U K Insurance Limited, The Wharf, Neville Street, Leeds LS1 4AZ.
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