



SRIC

Ensuring your tomorrow, today.

GOODS IN TRANSIT CLAIM FORM

This form must be completed and returned immediately and, in any event, within seven days of its receipt by the Insured.

POLICY DETAILS

FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

1. Name of Insured

2. Address

Email Address

Telephone Number

3. Details of property comprising claim (detailed invoices must be annexed)

4. Amount claimed

5. State whether the property was stolen, lost or damaged

6. If stolen, do your suspicions rest on anyone and, if so, on whom? Yes No

7. On what date and time was the theft loss or damage discovered and by whom?
Date Time By whom

8. Give date police were advised and name of station/file reference
Date Name of Station Police Reference

9. State the date when and the circumstances under which the theft, loss, damage or accident took place.

10. What is the weight of the consignment?

11. What is the weight of the missing or damaged goods?

12. Name of Consignee
Address of Consignee

13. Were goods despatched by Road, Rail, Air or Post?

14. If by road, rail or air, has claim been made on carrier? Yes No

15. Date of Advice of Despatch



16. If by post, whether letter, parcel or registered?

17. Was proof of posting obtained?

Yes

No

18. Has claim been made on Post Office?

Yes

No

If so, Address

If not, why not?

19. Date loss or damage advised to you

DD / MM / YYYY

PARTICULARS OF ANY VEHICLE CONCERNED

20. Registered Number

Horsepower or Capacity

Make

Type of Body

21. State owner and whether Principal Contractor or Subcontractor and give details

22. Description and weight of load or damaged

23. Total value of goods carried

24. Name and Address of person driving

25. If another vehicle was involved, give the name and address of the owner and particulars of the vehicle and name the police station involved

Name of owner

Address of owner

Particulars of vehicle

Police station involved

26. If due to collision, give a detailed description of circumstances and sketch below

Name and address of any witnesses

27. State fully precautions taken to avoid loss or damage



I hereby warrant the truth of the foregoing statements and accept that any investigations by or on behalf of Swaziland Royal Insurance Corporation are made upon a without prejudice basis

Date

DD / MM / YYYY

Signature

SKETCH