

Goods in Transit Claim Form

Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd				
Insured			Policy Number		
Telephone	Home		Work		Cell

Broker Details

Broker Name					
Contact	Tel no		Fax		E-mail

Details of Loss /Damage

Date of Loss		Time of Loss: Please indicate am / pm	
--------------	--	---------------------------------------	--

Description of Loss

Estimated Amount of Loss	
--------------------------	--

Description of Goods concerned

Number of packages		Total Weight	
--------------------	--	--------------	--

How were the Goods packed	
---------------------------	--

If goods were part only of consignment, describe nature of other goods and value

Address of Despatch		Date of Despatch	
---------------------	--	------------------	--

Police

If reported to police, state which station			
--	--	--	--

Date reported		Ref no	
---------------	--	--------	--

Other Damage

Other Vehicles Involved (Name & Addresses)	
Owner	Insurers

Witnesses

Name	Address	Telephone

Owner of the Goods

How and by whom were goods transported							
Have they been advised of damage	Yes		No		Date		
Name and Address of their Insurers							
Name of Owner							
Address of Owner							
For whom were the goods carried							
Name and Address of their Insurers							
Were you the principal contractor or sub-contractor							
Reg. Letters & number of your vehicle							
If your vehicle was unattended when loss or damage occurred, how was it secured							
Were goods in sound condition when received							
Were they checked by your driver							
Did your employees load/unload the vehicle							
Did the consignees accept delivery	Yes		No		If so was a receipt given	Yes	No

Do you use the Standard Trading Conditions of Carriage? If not, what conditions of carriage do you use? Please attach a specimen copy

Has a claim been made against you by the owner		Yes		No		Date received	
Address where damaged goods can be inspected							

Particulars Of Goods Lost Or Damaged

Note: all invoices, delivery notes, receipts and correspondence are to accompany this claim form.

Quantity	Description	Value



Your Responsibility

Goods in Transit

1. Completed property loss claim form.
2. Confirmation of nature of business for insured company.
3. Waybills.
4. Consignment notes.
5. Quantum documentation, by means of invoices / receipts / quotations.
6. PDP - Public Driving Permits.
7. Copy of ID and Driver's Licence of the Drivers.
8. Full description of event.
9. Contact details of the insured for an assessor to be appointed.

Disclaimer

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: _____ Signature: _____

Name and surname of signatory: _____

Designation: _____ Date: _____

Ibiliti Underwriting Managers

Tel: 010 590 5511
E-mail: claims@ibiliti.co.za
www.ibiliti.co.za

Physical address:

The Pivot, Block D, 2nd Floor, Montecasino Boulevard, Fourways, 2191

Postal address:

Postnet Suite 984 Private Bag X153, Bryanston, 2021