

Goods in Transit Claim Form



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NIG is the trading name of The National Insurance and Guarantee Corporation Ltd
Registered office: As above Registered in England and Wales number 42133

1 YOU THE POLICY HOLDER

Name of Insured	<input type="text"/>			
Address	<input type="text"/>			
Town	<input type="text"/>		County	<input type="text"/>
Post code	<input type="text"/>	Date Premium Paid	<input type="text"/>	
Occupation	<input type="text"/>	Telephone No	<input type="text"/>	
Policy No	<input type="text"/>	Value Added Tax. Are you a registered person or company?	<input type="text"/>	

2 CIRCUMSTANCES OF CLAIM

a	Date of Accident/Loss	<input type="text"/>	Time	<input type="text"/>	a.m/p.m.
b	Exact Place where Accident/Loss Occurred	<input type="text"/>			
c	Were you the owner of the Goods?				YES/NO <input type="checkbox"/>
	If 'NO' please give name and address of owner <input type="text"/>				

COMPLETE SECTION 3, 4 OR 5 AS APPLICABLE FOR GOODS IN TRANSIT BY POST, ROAD OR BRITISH RAIL/NATIONAL CARRIERS

3 ROAD HAULAGE

a	Registration No. of Vehicle	<input type="text"/>	Make	<input type="text"/>	Year	<input type="text"/>		
b	Type of Vehicle	Platform <input type="checkbox"/>	Articulated <input type="checkbox"/>	Fully Enclosed <input type="checkbox"/>	Dropside <input type="checkbox"/>	Tanker <input type="checkbox"/>	Carrying Capacity	<input type="text"/>
c	Are you the Owner of the Vehicle?						If 'NO' please give name and address of owner <input type="text"/>	
d	Name and address of Motor Insurers of the Vehicle	<input type="text"/>						
e	Names of men employed on the vehicle with age and length of service.							
	Name	<input type="text"/>	Age	<input type="text"/>	Service	<input type="text"/>		
	Name	<input type="text"/>	Age	<input type="text"/>	Service	<input type="text"/>		
f	Address of police station to which accident/loss reported <input type="text"/>							
g	Date Reported	<input type="text"/>	Time	<input type="text"/>	a.m/p.m.			
h	Please state exactly how the loss/damage occurred and what action was taken immediately afterwards <input type="text"/>							
i	If the loss/damage was caused by the fault of any person/persons please give the names and addresses <input type="text"/>							
j	Name and address of consignors <input type="text"/>							
k	Address where the goods were picked up <input type="text"/>							
l	Did driver count/check consignment?	<input type="text"/>						
m	How were the goods packed?	<input type="text"/>						
n	How were the goods stowed, sheeted etc?	<input type="text"/>						
o	Name of occupiers and address to which goods were conveyed <input type="text"/>							
p	If goods were damaged where can the property be inspected? <input type="text"/>							

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

i Goods were picked up/loaded

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

ii Number of packages

iii Total weight

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

v Damage description

i Nature of goods

ii Number of packages

iii Total weight

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

PLEASE ATTACH ALL CORRESPONDENCE WITH POST OFFICE, CUSTOMER AND COPY OF INVOICE AND COMPILATION OF CLAIM WHEN NECESSARY

5 BRITISH RAIL/NATIONAL CARRIERS LTD

a Nature of goods Total number parcels/cartons despatched

b British 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

PLEASE ATTACH ALL CORRESPONDENCE WITH BRITISH RAIL/NATIONAL CARRIERS LTD., CUSTOMER AND COPY OF INVOICE AND COMPILATION 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