NEW NATIONAL ASSURANCE COMPANY
People you can talk to.

TTM Risk (Pty) Ltd
Company Reg. Number: 2005/021322/07
VAT Registration Number: 4450224862
An Authorised Financial Services Provider
FSCA Licence Number: 24875

ttmrisk

GOODS IN TRANSIT CLAIM FORM

Policy Number: _____ Claim Number: _____

01. THE INSURED

Name: _____

Address: _____

Postal Code: _____

Telephone Number: _____

Email Address: _____

02. Address at which the loss or damage occurred:

_____

_____

03. When did the loss occur?

Date: _____

Time: _____

04. Describe fully how the loss or damage occurred:

_____

_____

_____

05. Description of the goods concerned:

_____

_____

_____

06. Number of Packages: _____

07. Total Weight: _____

08. How were the goods Packed: _____

09. If the goods where part of consignment describe the nature of the goods and value: _____

_____

_____

_____

10. Address from where the goods were dispatched: _____

_____

11. Name and Address of Consignee: _____

_____

12. Date Goods were dispatched: _____

13. Have you previously suffered a loss? Yes / No

If so, kindly provide a full description of previous claims/ losses:

_____

_____

14. Theft or Accident:

- Was the loss or damage reported to the policy: Yes / No
- If not, why not? _____
- If so, when and where? _____
- Police Case Number? _____

15. If another vehicle is involved, please:

Name of Transport Company or Owner: _____
Address Of Owner: _____
Contact Details of Transport Company or Owner: _____
Name Of Insurer: _____
Address Of Insurer: _____
Name Of Witnesses: _____
Contact Details of Witnesses: _____

16. Are you a Subcontractor or the Principal Contractor: _____

17. Are you the sole owner of the lost, stolen or damaged property? Yes / No

If not, give particulars of other parties concerned: _____

_____

_____

18. What is your estimate of the value of the entire contents at the time of the loss or damage?

_____

17. **Is the lost or damaged property insured under any other policy?** Yes / No

If so, give full details: _____

_____

I/We warrant the truth of the answer to the above questions, and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above-stated occurrence.

Signed at ..... on this day .....

Signature of Insured: .....

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Kindly submit the following documents/information (as indicated) to us at your earliest convenience to give this claim our further consideration:

- Completed Goods in Transit Claim Form
- Priced claim
- Supplier Invoice(s)
- Packing List / Packing Slips
- Delivery Note / Waybill
- SAPS Accident Report

- Driver's Sworn Statement
- Driver's Licence / Professional Driver's Permit
- Driver's ID
- Vehicle Registration Certificate
- Correspondence with carrier / third parties
- Banking details for settlement

(Acting on behalf of the Insurer New National Assurance Company Limited, FSP 2603, under a claims handling mandate)