



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



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: _____



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



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



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



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