JACANA ADMINISTRATORS

GOODS IN TRANSIT

1. ABOUT THE INSURED:

Name of Insured: _____
Contact Number: _____ Policy Number: _____

Physical Address: _____
_____
_____

2. ABOUT THE DRIVER:

Name of Driver: _____
Contact Number: _____ ID Number: _____

Physical Address: _____
_____
_____

3. ABOUT THE LOSS/DAMAGE:

Date of Loss/Damage: _____ Time: _____
Area of Loss: _____

Description of Goods Concerned: _____
_____
_____

Address from where the Goods were dispatched: _____
_____
_____

Date Dispatched: _____ Time: _____
Please describe the circumstances of loss or damage:
_____
_____
_____

4. THE POLICE REPORT:

Was the matter reported to the police?
Details of Officer/Station: _____

Case Number: _____ Date Advised: _____

Name of Driver: _____
Registration Number: _____ Contact Number: _____

5. IF ANOTHER VEHICLE WAS INVOLVED:

Owner's Name: _____ Contact Number: _____

Insured's Name: _____ Contact Number: _____

Drivers Name: _____ Contact Number: _____

Name and Address of Witness: _____
_____
_____
_____

6. ARE YOU THE OWNER OF THE GOODS?

How and by whom were the goods transported? _____
Have you advised them of the loss or damage? Select Date Advised: _____

Name and address of their Insurers: _____
_____
_____
_____

7. IF YOU'RE NOT THE OWNER OF THE GOODS:

Name and address of the owner's of the goods: _____
_____
_____
_____

For whom were the goods carried? _____

Name and address of their Insurers: _____
_____
_____
_____

Were you contracted as the: ◯ Principle Contractor ◯ Sub-Contractor

Did you or your employees load the vehicle? Select
Did you or your employees unload the vehicle? Select

Did the consignees accept delivery? Select If yes, was receipt provided? Select

Did you use the standard trading conditions of carriage? Select
If not, what conditions of carriage did you use? *(please attach a copy of the conditions)* Select

Has a claim been made against you by the owner? Select Date Received: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address where the damaged goods can be inspected: _____
_____
_____

I/WE DECLARE THAT THESE PARTICULARS ARE TRUE AND COMPLETE IN EVERY ASPECT.

Signature of Insured: _____ Date: _____