

# HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

## NANINI 390 CC t/a HELEN KING

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### **GOODS IN TRANSIT CLAIM FORM**

#### **Insurer**

Insurer:	
Policy Number:	

#### **Insured**

Name:	
Business of the Insured:	
VAT Number:	
Registration Number:	
Physical Address:	
Contact Number:	

#### **Details of the Loss / Damage**

Date of Loss / Damage:		Time of Loss / Damage:	
Place where Loss / Damage occurred:			
Description of the goods damaged:			
Number of packages:			
Total weight:			
If only a portion of the goods were damaged, describe the nature of the other goods not damaged and their value:			
Address from which goods were despatched:			
Date goods were despatched:		Time goods were despatched:	
Circumstances of Loss / Damage:			

Registration number of conveyance involved:	
Description of vehicle, make and model:	

Was the matter reported to the police:	YES	NO	
Details of the officer and station:			
Police case reference number:			
Date reported:			
If another vehicle was involved, state the:			
Name of Owner:			
Contact number:			
Name of the owner's insurers:			
Name and address of witnesses:			
Name, contact information and address of the owner of the goods:			
For whom were the goods carried:			
Name, contact information and address of their insurers:			
Were you the principal contractor or the subcontractor:			
Did you or your employees load the vehicle:	YES	NO	
Did you or your employees unload the vehicle:	YES	NO	
Did the consignees accept delivery:	YES	NO	
If YES, was a receipt given:			
Did you use the Standard Trading Conditions of Carriage:	YES	NO	
If YES, please attach a copy of your Standard Trading Conditions of Carriage.			
If VERBAL, please provide us with the full details thereof.			
If NOT, what Standard Trading Conditions of Carriage were used (please attach a copy thereof):			
Has a claim been made against you by the owner:			
Date received:			

**If You Are the Owner of the Goods, Please Complete This Section:**

How were the goods transported:			
Who transported the goods:			
Name, contact information and address of their insurers:			
Have you advised them of the loss / damage:			
Date advised:			

**NB: CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY**

**Particulars of the Goods Lost or Damaged**

**Note: all invoices, delivery notes, receipts and correspondence are to be submitted with this form.**

Quantity:	Description:	Value:
Total:		R

Address where damaged goods can be inspected:	
Contact Name:	
Contact Number:	

**Declaration**

I/ We solemnly declare that these particulars are true, correct, and complete in every respect.

Full Name:		Capacity:	
Signature:		Date:	