

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

Address: 40 Milner Road, Essenwood, Durban, 4001 **Postal Address:** Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

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|---------|
| Insurer |
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|----------------|--|
| Insurer: | |
| Policy Number: | |

| | |
|---------|--|
| Insured | |
|---------|--|

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

Details of the Loss / Damage

[illegible]

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

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|--|-----|--|----|--|
| Was the matter reported to the police: | YES | | NO | |
| Details of the officer and station: | | | | |
| Police case reference number: | | | | |
| Date reported: | | | | |

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|---|--|--|--|--|
| If another vehicle was involved, state the: | | | | |
| Name of Owner: | | | | |
| Contact number: | | | | |
| Name of the owner's insurers: | | | | |

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| Name and address of witnesses: | |
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|--|-----|--|----|--|
| 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:

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| 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: |
|-----------|--------------|--------|
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| Total: | | R |

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| 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.

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|-------------------|--|------------------|--|
| Full Name: | | Capacity: | |
| Signature: | | Date: | |