

Policy No:

**Question 1.**

Name of Insured (In full)

Address

Business of Insured

Telephone No

Insured's VAT registration No

**Question 2.**

Date of loss or damage  Time  am/pm

Description of goods concerned

Number of packages

Total weight

How were goods packed?

If goods were only part of consignment, describe nature of other goods and value

Address from which goods were despatched

Date despatched

Circumstances of loss or damage

Was matter reported to Police?

Date advised

Details of officer/station

**Question 3.**

If another vehicle was involved, state name and address of

Owner

Insurers

Name and address of witness

Question 4.

**IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION**

How and by whom were the goods transported ?

Have you advised them of the loss or damage ?  Date advised

Name and address of their Insurer's

**N.B - CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY**

Question 5.

Name and address of owners of the goods

For whom goods were carried ?

Name and address of their insurer's

Were you the principal contractor, or sub-contractor

Registered letters and number of your vehicle concerned

If your vehicle was unattended when loss or damage occurred, how was it secured ?

Were the goods in sound condition when received ?  Were they checked by your driver ?

Did you or your employees (a) load the vehicle ?  (b) unload the vehicle ?

Did the consignees accept delivery ?  If so, was a receipt given ?

Do you use the Standard Trading Conditions of Carriage ?

If not, what conditions of carriage do you use ? (Please attach a specimen copy)

Has a claim been made against you by the owner ?  Date received

**PLEASE COMPLETE THE FOLLOWING PARTICULARS OF GOODS LOST OR DAMAGED IN FULL**

**NOTE: All invoices, delivery notes, receipts, and correspondence are to be sent with this form**

Item	Quantity	Description of property	Value
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Address where damaged goods can be inspected

I/We declare the foregoing particulars to be true in every respect. Date

Signed

Insured