

GOODS IN TRANSIT CLAIM FORM



MERX HCV

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Merx HCV is an authorised financial services provider - FSP nr: 42991

Underwritten by:



OLD MUTUAL
INSURE

An Authorised Financial Services Provider (FSP12)

Policy No

Name of Insured Telephone

Address Code:

Business of Insured VAT Reg No

Date of loss / damage Time: am / pm

Description of goods concerned

No of packages Total weight

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

Address from which goods were despatched:

Code:

Date despatched Time: am / pm

Circumstances of loss or damage:

Registration number of vehicle involved Make and type of vehicle

Was matter reported to Police? Details of Officer / Station

Date advised Case Number

If another vehicle was involved, state name and address of:

A) Owner

B) Insurers

Name and address of witness(es):

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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?

 Yes No

Date Advised

Name and address of their Insures:

Code:

NB: CARRIERS SHOULD BE NOTIFIED OF ALL LOSSES WITHOUT DELAY

Name and address of owner(s) of the goods:

Code:

For whom were goods carried?

Name and address of their Insurers:

Code:

Were you the principal contractor, or sub-contractor?

Did you or your employees:

A) load the vehicle?

 Yes No

B) unload the vehicle?

 Yes No

Did the consignees accept delivery?

 Yes No

If so, was a receipt given?

 Yes No

Did you use the Standard Trading Conditions of Carriage?

 Yes No

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

Has a claim been made against you by the owner?

 Yes No

Date received

PARTICULARS OF GOODS LOST OR DAMAGED

Quantity	Description	Value
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total		<input style="width: 100%; height: 20px;" type="text"/>

Address where damaged goods can be inspected:

Code:

I / we declare that these particulars are true and complete in every respect.

Signature of proposer: _____ Date: _____