GUARDIAN GENERAL
INSURANCE LIMITED

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GOODS IN TRANSIT CLAIM FORM

Branch…….. Policy No. …… Expiry Date ……. Claim……

1. (a) Name and Address of Insured (b) Business	Telephone No. ……
2. Date, time and place of loss or damage	
3. State briefly how loss or damage occurred	
4. (a) Date goods collected (b) Date of delivery, if made (c) Where may damaged goods be inspected?	
5. In transit	From…… To ……..... mm/dd/yy mm/dd/yy
6. Name and address of Carrier	
7. If goods carried by own vehicle, state:- (a) Registration Mark (b) Description – Open tray/Covered (c) Total value of goods On vehicle On trailer	
8. (a) Was a clear receipt given by (i) driver (ii) consignee (b) If not, how was it caused?	
9. Was the conveyance of the goods subject to Conditions of Carriage, written or otherwise? If so, indicate the weights of the total consignment and of the package	
10. Has any notice of claim been made to the Carriers of Third Parties?	
11. Have the Police been notified and if so, at which Station	
12. Is there any other insurance covering the loss? If so, give particulars	

I, the undersigned, do hereby declare that, to the best of my Knowledge and belief, the foregoing particulars are true and correct.

Date _____ Signature _____
mm/dd/yy **(COMPANY STAMP)**

PLEASE COMPLETE OVERLEAF PARTICULARS OF LOSS OR DAMAGE.

An All Risks Policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of the Theft, Loss or Damage, but not exceeding the sums for which they are respectively insured, due allowance being made for depreciation and wear and tear.

Full description of article	To whom the article belonged	From whom purchased or received (name and Address)	Date purchased or received	Cost		Deduction For wear and tear		