

# Goods in Transit Claim Form



NIG Commercial Claims P O Box 1151 Bromley BR1 9WB

Please note - you can complete this form on screen. When completing please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

If completing by hand, please answer all questions using BLOCK CAPITALS.

## 1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2 Circumstances of the Claim

<b>a</b> Date of accident/loss (dd/mm/yyyy) Time <input type="text"/> <input type="text"/> am <input type="text"/> pm	<b>c</b> Were you the owner of the goods? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please give name and address of owner <input type="text"/>
<b>b</b> Exact place where accident/loss occurred <input type="text"/>	Complete Section 3, 4 or 5 as applicable for Goods in Transit by post, road or National Rail/National Carriers

## 3 Road Haulage

<b>a</b> Registration No. of vehicle <input type="text"/> Make <input type="text"/> Year <input type="text"/>	<b>d</b> Name and address of Motor Insurers of the vehicle <input type="text"/>
<b>b</b> Type of Vehicle: Platform <input type="checkbox"/> Articulated <input type="checkbox"/> Fully Enclosed <input type="checkbox"/> Dropside <input type="checkbox"/> Tanker <input type="checkbox"/> Carrying Capacity <input type="text"/>	<b>e</b> Names of men employed on the vehicle with age and years of service Name Age Service <input type="text"/> <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> <input type="text"/> years
<b>c</b> Are you the owner of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please give name and address of owner <input type="text"/>	<b>f</b> Address of police station to which accident/loss was reported <input type="text"/>

**g** Date reported (dd/mm/yyyy)      Time  
       am  pm

**h** Please state exactly how the loss/damage occurred and what action was taken immediately afterwards

**i** If the loss/damage was caused by the fault of any person(s), please give the names and addresses

**j** Name and address of consignors

**k** Address where the goods were picked up

**l** Did driver count/check consignment?

**m** How were the goods packed?

**n** How were the goods stowed, sheeted etc?

**o** Name of occupiers and address to which goods were conveyed

**p** If goods were damaged where can the property be inspected?

**q** What receipt was given i.e. Clear or Qualified in some way when:  
**i** Goods were picked up/loaded

**ii** Goods were delivered/unloaded

**r** If you were principal contractor give name and address of sub-contractor

**s** If you were sub-contractor give name and address of your principals

**t** What conditions of carriage apply?

**u** Load/consignment description:  
**i** Nature of goods

**ii** Number of packages

**iii** Total weight

**iv** Total value of whole load £ (include damaged/loss portion)

**v** Damage description:  
**i** Nature of goods

**ii** Number of packages

**iii** Total weight

Value of goods lost/damage      £

Value of salvage (if any)      £

Please attach invoice/account, copy receipt given for the goods, delivery note (when goods were delivered) and all other relevant documents and correspondence.

## 4 Post

a Nature of goods

Total number parcels/cartons despatched

b Posted at

 Post Office

By Parcel

Letter

Registered

Reordered Delivery Post

c Registered/Recorded post receipt no.

Loss of  Parcels

Damage to  Parcels

Shortage from  Parcels

d If claim for damage/pilferage has packing been kept for inspection?

e Total number of items missing from parcel

f Cost Price

 £

Value of Salvage

 £

Cost of Repairs

 £

g Date Post Office advised

(dd/mm/yyyy)

Please attach all correspondence with Post Office, customer and copy of invoice and compilation of claim when necessary.

## 5 National Rail/National Carriers Ltd

a Nature of goods

Total number parcels/cartons despatched

b National Rail

National Carriers Ltd

Depot/Station

Region

c Goods despatched at

Boards

Owner Risk

(Attach copy of Consignment Note)

d Weight of whole consignment

Value of whole consignment

 £

e Weight of loss/damaged/  
pilfered part

Value of affected part

 £

f Loss of

 Parcels

Damage to

 Parcels

Shortage from

 Parcels

g Cost Price

 £

Value of Salvage

 £

Cost of Repairs

 £

h Date Carriers/Railway advised

(dd/mm/yyyy)

Please attach all correspondence with National Rail/National Carriers Ltd., customer and copy of invoice and completion of claim when necessary

## 6 Declaration

I/We declare the foregoing particulars to be true and complete and that I/we hold no other policy indemnifying me/us in respect of this claim.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants. I/We understand that you may seek information from other insurers to check the answers I/we have provided.

Signature

Date (dd/mm/yyyy)