

Transit Claim Form

1 Insured

Name of Policyholder: _____

Address: _____

Postcode: _____

Policy No.: BT CGL _____

Phone No. Home: _____

Work: _____

Business: _____

Email: _____

Do you use conditions of trading? Yes No

If 'Yes', What are they? _____

Are they applicable in this case? Yes No

If 'No' do you accept common law liability? Yes No

If 'No', what liability do you accept under contract or agreement with the customer concerned?

What is the upper limit of such liability? £ _____

Please attach copies of Consignment Notes, Bills of lading and other documents and/or correspondence evidencing the terms agreed with your customer and any other parties involved in the performance of the contract.

Please attach copy invoice to customer detailing the charges raised.

2 If Road Haulage or Freight Forwarding Contracts is Involved

A Consignor's Name and Address

B Collection Point

(if different from above)

Name and Address

C Consignees name and address

D If Traffic was sub-contracted to you please state:

Principal contractor:

Please attach copy of Confirmation Note or otherwise indicating how sub-contractors were held responsible

2 If Road Haulage or Freight Forwarding Contracts is Involved (continued)

E If your vehicle was involved:

Make: _____ Registration No.: _____

Drivers name and address: _____

How long employed? Years _____

How many vehicles do you operate?

F Nature of Load:

No of items in load: _____

Weight of load _____ Kgs

Value of load _____ £

G Date on which goods were:

(i) Collected _____ (ii) Delivered: _____

H Signature given at collection

Name: _____

Was signature

(i) Clear? Yes No (ii) Claused? Yes No

If claused state remarks: _____

I Signature given at delivery

Name:

Was signature

(i) Clear? Yes No (ii) Claused? Yes No

If claused state remarks: _____

J Date of first complaint (other than traffic note)

Nature of loss or damage and description of load or part load damaged or pilfered:

K If carriage charges were raised on a capacity/volume basis, please give details and submit copy of freight invoice

Please supply a full description of the occurrence with employees statements attached, if possible. (In any case of an unexplained deficiency kindly give your views on probable explanation eg. misconduct, faulty documentation etc. and indicate what steps have been taken to trace or locate the missing goods). Include information relative to any other loss or damage not covered by questions 1, 2 or 3 of this form.

Lined area for providing a full description of the occurrence.

Policyholder's Signature:  _____

Date: ____/____/____

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