



Holburn Insurance Brokers

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FSP Licence No. 30634



Established 1983

INSURER		Policy No.	Polis Nr.	VERSEKERAAR	
BROKER/AGENT		Claim No.	Eis Nr.	MAKELAAR/AGENT	
Insured	Name				
	Address and telephone no.				
	Business or occupation				
Description incident	Date and time				
	Place or address				
	Details of the incident				
description of goods and load	Description of load				
	Number of packages or articles in load				
	Total weight of load				
	Total value of load				
	Description of goods lost or damaged				
	Number of packages or articles lost or damaged				
	Total weight of loss				
Police	If reported to police, state which station, date and reference number				
Value of claim	Value of merchandise and goods lost or damaged	R			
	Salvage if any	R			
	Gross amount of claim	R			
	Less policy excess	R			
	Nett amount of claim	R			
	Where possible attach: invoices, delivery notes, receipts, p.o.d's, etc.				
	Where can the goods be inspected				
Circumstances of the loss or damage	When and where were the goods loaded				
	Who loaded the goods into the vehicle.				
	Did the driver count or check the consignment				
	Was a receipt given at the time of loading ?				
	Were the goods packed, stowed and sheeted				
	Details of the journey from time of loading to time of loss. (use extra paper if required)				
	What action did the driver take at the time of loss				
	Have the consignees accepted delivery				
Page 1 Goods In Transit					

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Loss caused by vehicle accident	Registration no	
	Make & model	
	Name & address of owner/s	
	Details of damage	
	Name, address and telephone number of witnesses	
	If reported to police, state which station and reference number	
	Date & time reported	
Reported to. Name & number		
Addresses	Name & address of consignors	
	Name and address of consignees	
Owner / carrier of the goods	Was this load carried by you as:	
	As a principal contractor	
	As a sub contractor and	
	If so were you charged insurance premiums for this load ?	
	A sub-contractor employed by you	
	If so state name and address of sub-contractor	
	If so did you charge insurance premiums for this load	
Transporting vehicle	Registration no	
	Name & address of owner	
	Name, address and length of service of staff on the vehicle	
	Name, address and length of service of staff on the vehicle	
	Name, address and length of service of staff on the vehicle	
	Has the driver been involved in any other accidents	
	If so give details	
Declaration	I/We declare that to the best of my/our knowledge the above statements are truly made.	
	Ek/Ons verklaar dat na my/ons beste wete die bostaande verklarings juis afgele is.	
	Insured's signature	Capacity
		Date
	Versekerde se handtekening _____	Hoedanigheid _____
		Datum _____
THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY		