OLDMUTUAL

GOODS IN TRANSIT LOSS REPORT FORM

Agency..... Policy No.....Claim No.....

1. Name of Insured Address Business	Telephone No.
2. Date, time and place of loss or damage	
3. State briefly how loss or damage occured	
4. (a) Date goods collected (b) Date of delivery, if made	
5. In transit: From To	....
6. Name and address of Carrier	
7. If goods carried by own vehicle, state:- (a) Registration Mark (b) Name of driver (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 claused?	
9. Was the conveyance of the goods subject to Conditions of Carriage, written or otherwise?	
10. Has any notice of claim been made to the Carriers or Third Parties?	
11. Have the Policy 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.....

PLEASE COMPLETE OVERLEAF PARTICULARS OF LOSS OR DAMAGE

Description of Property Lost or Damaged	Owner	Value
	TOTAL	