

HOUSEHOLD GOODS & PERSONAL EFFECTS IN TRANSIT CLAIM FORM



Branch no		Policy no	
Addendum/Certificate no		Claim no	
Force, pension, salary or personnel no		Name of group scheme	

The insured

Name		Address	
Identity no			
Occupation or business			
Telephone No		Cell/	
Home		Business	
Address or Place where the loss or damage occurred.			

When did the loss or damage occur?

Date		Time	(e.g. 15h30)
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Describe fully how the loss or damage occurred.

Was your household goods in storage at any time prior or subsequent to the discovery of the loss.

If yes, please provide full details of Storage address as well as period in store.

If claim for theft / shortages – please state what security measures were in place at the storage area

Was the loss or damage reported to the police?		If not, why not?	
If so, when and where		S.A. Police reference no	

Are you the sole owner of the lost or damaged property?

If not, give full particulars of other parties concerned (leased agreements etc)

Is there a bond on the property?		Name of bondholder	
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What is the true replacement value of your entire household goods and personal effects shipment at the time of the loss or damage?	
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What is your estimate of the value of damaged and /or loss?	
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Have you obtained repair and / or replacement quotes iro the damaged / loss property	
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If yes, please attach hereto for ease of reference

Is the lost or damaged property insured under any other policy?	
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If so, give full particulars and kindly provide a copy

I/We warrant that the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signed at		On	
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Signature of Insured	
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ID Number	Full name of Insured
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THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Statement of property lost, stolen or damaged

Nb Completed valued inventory (completed prior to the sending/ shipment) must accommodate this claim form

Number	Description of property	Date acquired	From whom purchased or acquired (if possible, please enclose original purchase invoice)	Deduction for wear and tear or depreciation or value of salvage	Amount claimed

Please ensure the following documents are attached hereto or submitted as a matter of urgency

Original insurance certificate or copy of premium declaration	Valued inventory completed prior to sending
Endorsed delivery note	Original bill of lading / airway bill / consignment note
Packing list / packers inventory	Copies of pro-forma claim against all potential liable parties