

# GOODS IN TRANSIT QUESTIONNAIRE FOR OWNER OF CARGO



CIB Marketer		Broker Trading name	
Broker Contact Person		Email address	
Tel no		Fax no	

## Insured / Company details

Name/Company Trading Name			
Identification/Passport no /Company Registration no			
Company VAT number			
Description of business			
Physical Address		Postal Address	
Telephone no		Fax no	
E-mail address		Cellular no / Emergency contact no	

## Cargo details

Estimated Annual Insured Value of cargo carried	R
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### DETAILED BREAKDOWN OF CARGO / GOODS TRANSPORTED/CARRIED

Cargo Description	Packing Method	Marks / Numbers	Maximum Value per shipment	Average value	Estimated Annual Value of Cargo	% on own vehicles	% on Carrier's vehicles

Do you operate a C.O.D. (cash on delivery) method of payment?	YES	NO
Basis of Valuation required (e.g.: selling/purchase price plus freight)		

**Vehicle/s**

*GOODS VEHICLE/S OWNED & OPERATED BY YOU*

Registration Number	Make	Type	Year	Cargo Capacity	Structurally fully enclosed or open / Tarpaulin covered/canopy covered ?

Are registration no's and company telephone no's painted on vehicle cabs and on rear doors? YES NO

Are immobilisers fitted?	YES	NO	If yes give full details
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Are Alarm Systems fitted?	YES	NO	If yes give full details
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Are Two-way radios fitted?	YES	NO	Do crews have cell phones?	YES	NO
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Are Tachographs and/or similar fleet monitoring systems fitted?	YES	NO
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Is a satellite tracking and recovery system in use?	YES	NO
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If so, give details (for each vehicle if not common to all vehicles)

Is the vehicle movements traced / monitored on a 24 hour non-stop basis?	YES	NO
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Is there 24 hours stand-by recovery reaction unit	YES	NO
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**Driver / Crew details**

How many drivers are employed?		How many crew are employed?	
What is the annual payroll of the drivers?	R	What is the annual payroll of the crew?	R

What pre-employment investigations are carried out for drivers, crews, dispatch clerks and all staff with access to orders and deliveries?

How many people are in the cab for each transit?

**General**

What training programmes exist for drivers?

How regularly are drivers sent on training programmes?

What is your Company's practice regarding prevention of hijacking?

What other emergency procedures are in place and are they rehearsed at regular intervals?

**Routing**

Geographical limits required:

Under what circumstances are the South African Police contacted prior to deliveries to establish safe conditions?

Are delivery times set for day-time business hours?	YES	NO
Are crews rotated without warning?	YES	NO
Are supervisors appointed to ride with crews without warning?	YES	NO
On long trips are drivers changed at irregular intervals?	YES	NO
Are routes and schedules distributed to crews at the last minute?	YES	NO
What instructions are in place for truck and driver at overnight stops?		
Are escort vehicle services utilised?	YES	NO

If so give details

What instructions are in force regarding unscheduled stops?

Are routes regularly varied?	YES	NO
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**Insurance history**

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Name of current Insurer		Policy Number	
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**CLAIMS EXPERIENCE**

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List details of all losses over the last five years, whether or not covered by insurance, and include full details of any hijackings

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**Additional comments**

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(if any) including comments which might influence the Insurer's decision regarding acceptance of the risk and/or the terms to be offered for the insurance

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**Declaration**

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I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Insurers in regard to this Proposal.

DATE		SIGNATURE	
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*NOTE: Signing this form does not bind the Proposer to arrange insurance through CIB but it is agreed that the information on this form shall be the basis of the contract should a policy be issued. No liability attaches to the Insurers until this proposal has been accepted.*