LASACO ASSURANCE PLC

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RC. 31126

GOODS IN TRANSIT INSURANCE CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

Name:_____ Policy No:_____

Address:_____ Date of payment of last premium_____

Business or Occupation: _____ Telephone No_____

1. Please give the following information about the claim:
   (a) When did it happen? At_____ a.m./p.m. On:_____
   (b) Where did it happen?:_____
   (c) How did it happen?:_____
   _____
   _____
   (d) Description of goods concerned_____
   (e) Delivery Way Bill No_____
   (f) Total value of goods_____
   (g) How were goods packed? _____
   (h) Name/Address of Driver_____
   (i) Address from which goods were dispatched_____
   (j) Name and address of consignees_____
2. If another vehicle was involved, name and address of owners_____
   _____
3. If insured, name of Insurance Co_____
4. Name and address of witness_____
   _____
5. (a) Have you informed the police?_____ (b) If so, by whom and when and at what police station? _____
   _____

PARTICULARS OF GOODS LOST OR DAMAGED

Quantity	Description	Value

Please continue description overleaf if necessary

Address where damaged goods can be inspected._____

IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION

How and by whom were the goods transported?_____

_____

Have you advised them of the loss or damaged? _____Date advised_____

Name and address of their Insurers_____

_____

IF YOU ARE CLAIMING AS CARRIER OF THE GOODS, PLEASE COMPLETE THIS SECTION

Name and address of owners of goods_____

Name and address of their Insurers_____

_____

Were you the principal contractor, or a sub-contractor?_____

Registered letter and number of your vehicle concerned_____

If your vehicle was unattended when loss or damage occurred, how was it secured?_____

_____

Were the goods in sound condition when received?_____Were they checked by your driver?_____

Did you or your employees load or unload the vehicle?_____

Did the consignee accept delivery? _____if so was a receipt given? _____

Has a claim being made against you by the owner? _____Date received _____

I/We declare that the foregoing answers are true and complete.

Date:_____ Signature:_____