



Middlesea Insurance p.l.c.

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GOODS IN TRANSIT CLAIM FORM

The issuing of this Form is not an admission of liability by the Company. All questions must be fully answered.

A. POLICY HOLDER

1. Name _____
2. Address _____

3. I.D. Card No. _____
4. Business/Occupation _____
5. Telephone Number _____
6. Telefax Number _____
7. VAT Registration No. _____
8. VAT Status _____
9. Policy Number _____

B. OCCURRENCE

1. Date and Time of loss or damage _____ Location of loss or damage _____

2. Please describe in detail the circumstances giving rise to the loss or damage:

3. (a) Nature of Goods Lost or Damaged _____

4. Describe nature of damage _____

5. How were the goods packed? _____

6. Has the entire package (or packages) been lost? _____
7. Where may the damaged goods be inspected? _____

8. How were the goods despatched e.g. (own vehicle, haulier etc.) _____

9. At whose risk were they carried? _____

10. Is there any other insurance covering the loss?
If so please give details of insurer and policy number

11. Please state the name and address of any person who caused the loss or damage
Name _____
Address _____

By whom is he employed? _____

12. Please give details of the police station/officer to which the incident was reported

If no report was made please explain why

13. What conditions of carriage apply? _____
_____ (please attach a copy)
Has a notice been given as required by the conditions of carriage? _____
If so when? _____
And to whom? _____
(please attach a copy of any written notice)

C. OWNERSHIP OF GOODS

If goods were not your own state:

1. Name of owner _____
Address _____

2. In what circumstances did they come into your custody?

3. Were they carried by a subcontractor? Yes No
If yes do you deduct from his account a charge for insurance? Yes No

4. Please state from whom goods were collected and when
Name _____
Address _____

Date _____

5. Was clean signature given? Yes No
If no state remarks _____

6. Please state to whom goods were delivered and when:
Name _____
Address _____

Date _____

7. Was a clean signature given by them? Yes No
If no please state remarks _____

8. If collected from docks or warehouse explain ship state if known:
Name of Vessel _____

Date landed from ship _____

D. CARRIAGE BY OWN VEHICLE

1. If goods were carried by your own vehicle please state:
(a) Make of Vehicle _____ (b) Reg. Marks _____
(c) Carrying Capacity _____

2. If the loss or damage occurred while your vehicle was parked overnight was it parked in a securely locked garage built of stone with a hard roof? Yes No
If no please state exactly what measures were taken to secure the vehicle _____

3. Please state name, age and length of service of each member of the vehicle's crew:

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

E. DECLARATION

I / We declare that all the particulars given are true and complete.

SIGNATURE _____

DATE _____