OLEA
INSURANCE SOLUTIONS AFRICA

GOODS IN TRANSIT CLAIM

Every question must be answered fully. The abbreviation "N/A" should only be used where the question is not applicable. The company does not admit liability by the issuing of this form.

1. Insured _____

Address _____

Policy no. _____ Telephone no. _____

2. Date and place of occurrence giving rise to loss or damage?

This _____ day of _____ 20 _____ Time _____

At _____

3. The merchandise/goods/cargo – describe fully?

3.1 Details of load

(A) Description _____

(B) Number of packages or articles _____

(C) Total weight _____ Total value of whole load R _____

3.2 Details of merchandise/goods lost or damaged

(A) Description _____

(B) Number of packages or articles _____

(C) Total weight _____

4. Amount of claim:

Value of merchandise/goods lost or damaged R _____

Salvage (if any) R _____

Gross amount of claim R _____

Less excess under policy (if any) R _____

Where available the following should be attached to this form:

1. invoice or account in respect of the loss or damage
2. original copy of receipt given for the merchandise/goods after loading
3. delivery note obtained when delivering the merchandise/goods
4. any other documents or correspondence received.

5. If loss is due to theft, pilferage or short delivery, state:

Address of police station where reported _____

Date and time of such report _____

6. If loss or damage was caused by an accident to the vehicle, please state the following:

Details of the owners of the other vehicles involved:

Name _____ Telephone no. _____

Address _____

Details of any witnesses:

Name _____ Telephone no. _____

Address _____

Were details taken by a police officer on the scene? Yes ☐ No ☐

Was he/she a witness? Yes ☐ No ☐

Date reported _____ Case no. _____

Address of police station

Was any indication given by the policy that you, your driver or any other person might be prosecuted? Yes ☐ No ☐

7. Name and address of the consignor(s)

_____

8. Name and address of the consignee(s)

_____

9. Circumstances of the loss or damage?

When and where were the goods loaded? _____

Who loaded the goods onto the vehicle? _____

Did the driver count or check the consignment? Yes ☐ No ☐

What documentation was given at the time of loading? _____

How were the goods packed, stowed and protected and was it in accordance with trade custom?

Give full details of the journey from the time of loading until the occurrence of the loss or damage and describe the event giving rise to the loss or damage?

What action did the driver take immediately after occurrence of loss or damage?

Have consignees accepted delivery? Yes ☐ No ☐

Where can the goods be inspected? _____

Are you the owner or carrier of the goods? _____

10. Was this load carried:

10.1 By you as the principal contractor? Yes ☐ No ☐

10.2 By you as subcontractor? Yes ☐ No ☐

If Yes, did you charge premium for insurance of this load? Yes ☐ No ☐

10.3 By any subcontractor employed by you? Yes ☐ No ☐

If Yes, please state the name and address of the subcontractor _____

Did you pay the subcontractor premium for insurance of this load? Yes ☐ No ☐

11. Registration number of vehicle transporting goods:

Do you own the vehicle? Yes ☐ No ☐

If No, please state the name and address of owner(s)

Please state the name(s), address(es) and length of service of driver(s)/employee(s)

Has the driver, to your knowledge, been involved in any other accidents? Yes ☐ No ☐

If Yes, give brief details _____

12. Documents which must accompany the claim form or to be submitted as soon as possible thereafter:

1. Original supplier's invoice
2. Original road consignment note/waybill
3. Endorsed/Signed delivery note
4. Claimant/Cargo owner's detailed priced claim
5. Repair/Replacement quotations
6. Packing list/tally sheet (if applicable)
7. Contract agreement between road carrier and cargo owner
8. If subcontracted, contract/agreement between principal contractor and subcontractor
9. Copies of pro forma claims against all potential liable parties and their responses
10. Bill of entry (export) if applicable
11. Premium declaration/certificate of insurance

If the truck/conveyance was operated and/or owned by the party instituting this claim, kindly also enclose the following documentation:

12. Certified copy of public driving permit
13. Certified copy of truck registration form
14. Certified copy of driver's licence
15. Driver and/or witness statements on fortuity/problems encountered during journey

Note: Further documents may be required once the matter has been studied by the Insurer and/or our appointed surveyor/investigator.

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that the Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signed at _____ on this _____ day of _____ 20 _____

Full name of authorised signatory _____

Title/Designation of signatory _____

Authorised signature _____