

## GIT CLAIM FORM

### POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited		
Insured		Policy Number	
Cell		Tel Number	

Date of Loss		Time (AM-PM)	
Make of vehicle		Model of Vehicle	
Registration Number Horse		Registration Number Trailer/s	

Description of goods carried:			
New / Second Hand:			
	New	Second Hand	
Address from which goods were dispatched:			
Date dispatched:		Nature of loss (eg: collision, hijack, overturning etc):	
Brief description of incident (attach driver's statement if possible):			
Where did incident occur?		Current location of load:	
Contact name and number of person or insured in control of load:			
Was the matter reported to the police?			
			No
Details of Officer / Station:			
Date Advised:		Case Number:	

## OTHER PARTY DETAILS

Reg No.	Make & Model	Name & Address of Owner & Driver	Damage Details
Damage to property other than vehicles (indicate)			

Name and address of witness:			
		Code	
Name and address of owners of the goods:			
		Code	
For whom were goods carried?			
		Code	
Name and address of their insurers:			
		Code	
Were you the principal contractor, or a sub-contractor?			
Did you or your employees	(A) Load the vehicle?	(B) Unload the vehicle?	
Did the consignees accept delivery:	Yes	No	
If so was a receipt given?			
Did you use the Standard Trading Conditions of Carriage?	Yes	No	
If not, what conditions of carriage did you use? (Please attach specimen copy)			
Has a claim been made against you by the owner?	Yes	No	Date received:

## PARTICULARS OF GOODS LOST OR DAMAGED

Quantity	Description	Value



**DECLARATION**

**I / we declare that the aforementioned particulars are true and complete in every respect.**

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity of Signatory\*

\* Please attach copy of Driver's License