



GENERAL INSURANCE Company Limited

19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies.

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GOODS IN TRANSIT CLAIM FORM

Claim No

INSURED

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Business Address

Policy No Tel. No.

State whether the property was (a) stolen (b) lost (c) damaged

If stolen, do your suspicions rest on anyone? YES / NO

If so, on whom?

Theft, loss or damage was discovered on (a) date

(b) time (c) by whom

DETAILS OF INCIDENT

Date Police were advised, and name of station

State the date when and the circumstances under which the theft, loss, damage or accident took place:

.....
.....
.....

Address from which goods were dispatched

.....

GOODS

Were the goods carried at: (a) Carriers' risk? YES / NO

(b) Owners' risk? YES / NO

Give a short description of the goods involved

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Amount claimed on net cost price

Where the goods covered by any other insurance? YES / NO

If YES, state name of company

.....

What was the weight of the consignment?

What was the weight of the missing or damaged goods?

Name and address of Consignee

Were goods dispatched by Road, Rail, Air or Post?

Has a claim been made against Carrier? YES/NO

If goods dispatched by Post, whether Letter, Parcel or Registered, was proof of posting obtained? YES / NO

Has claim been made on Post Office? YES / NO

Registered number of vehicle Make

State whether principal Contractor or Sub-contractor, and give details

Description and weight of load lost or damaged

Name and address of person driving

(The driver's signed statement must be attached)

If another vehicle is involved give name and address of the owner and particulars of the vehicle

Name and address of any witness

If due to collision give a detailed description of circumstances and sketch below

FOR COMPLETION BY OWNERS

FOR COMPLETION BY CARRIERS ONLY

COLLISION – ROUGH PLAN OF ACCIDENT

Please show (a) name and approximate widths of roads and
(b) tracks of vehicle .

I warrant the truth of the foregoing statements.

Signature

Date