



MARINE / GOODS IN TRANSIT CLAIM FORM

THE INSURED

Carrier's Name:			
Address:			
			Postcode:
Contact Numbers:	Work:	Home:	Mobile:

THE GOODS

Are you the owner of the lost / damaged goods? If NO, please provide details of the owner of the goods.	Please Circle	
	YES NO	
Has the owner of the goods claimed against you for loss or damage? If YES you must provide us with details including your reply, if any.	YES NO	
Where can the damaged goods be inspected?		

CONTACT	Name:	Phone No:
---------	-------	-----------

THE LOSS

Where did it occur?		
When did it occur?		
How did it occur?		
Details of Police, if attended or notified	Officer:	
		Date:

