



GUINEA INSURANCE PLC RC1808

10<sup>th</sup> Floor, Reinsurance House  
46 Marina, Lagos

GOODS IN TRANSIT CLAIM FORM

Claim No.....

Agency.....

STATEMENT AND PARTICULARS OF CLAIM

The Issue of this Claim Form is in no way an admission of liability  
It should be completed as fully and accurately as possible and returned immediately

1. Name of Insured (in full)

Policy No:

Business/Occupation:

Email Address:

Address:

Telephone No:

PARTICULARS OF OCCURRENCE:

2. Place where loss or damage occurred.....

Date occurred..... 20..... Between the hours of a.m and p.m

Describe fully how loss or damage occurred and circumstances under which discovered:-

3. Do you consider yourself responsible for this loss or damage?

4. If due to negligence of a third Party give his name and address

5. Name and Address of witnesses

6. Names, length of service and of employees Concerned

7. Address of Police Station to which occurrence was reported	
8. Particulars of Vehicle (registered number, carrying capacity, description, year of make)	
9. Name and address of Claimant	
10. Name and address of Consignee	
11. Is the Claimant the owner of the Goods? If not, state  a) In what capacity the claim is made b) The name and address of owner	
12. (a) Nature of consignment (b) Quantity of consignment (c) Weight of consignment (d) Total value of whole load	(a) (b) (c) (d)
13. Date on which goods were a) Consigned b) Delivered	(a) (b)
14. If the goods are damaged, where may they be inspected?	
15. How were the goods packed and in what condition were they received by the Carrier for transit?	
16. Nature of receipt given by the Carrier to the Consignor If claused, the exact wording of the clauses should be stated	

17. Nature of receipt given by the Consignor to the Carrier	
18. From whom were instructions received for the consignment accepted?	
19. Under what conditions of carriage was the consignment accepted?	
20. Were the goods insured by the Owner or by any other person?	

PARTICULARS OF CLAIM

Description of Goods or Animals	Extent of Damage, Loss or Injury	Amount of Claim
Note: Invoices or other documentary evidence of value should be attached if available		
Nature of salvage and its value		

I HEREBY DECLARE that the Property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this Form are, to the best of my knowledge and belief, correct.

Date.....

Signature.....