



Phoenix

Of Swaziland Assurance Company Ltd.

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Email: info@phoenixswaziland.com

GOODS IN TRANSIT CLAIM FORM

INSURED'S DETAILS

Insured					
Address:					
			Code		
Broker Name		Policy Number			
Cell		Tel Number			
Fax		E-mail			
Date of Loss		Time (AM-PM)			
Make of Vehicle		Model of Vehicle			
Registration Number Horse		Registration Number Trailers			
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?		Yes		No	
Details of Officer / Station:					
Date Advised:		Case Number:			
If another vehicle was involved, state Name and Address of:					

(A) Owner:			
(B) Insurers:			

Name and address of witness:			
Name and address of owners of the goods:			
For whom were goods carried:			
Name and address of their insurers:			
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 these particulars are true and complete in every respect.

Signed at: _____ Date: _____

Full Name: _____

Signature