



BAY UNION

GOODS IN TRANSIT CLAIM FORM

1. Insured's name	Policy No.
Postal Address	Tel. No. Fax. No.
2. Place where loss occurred	
3. Date and time of loss or discovery of loss	
4. Describe how loss occurred	
5. If loss caused by negligence of another party, give name and address	
6. Description of carrying vehicle and registration number	
7. Brief description of journey	
8. Name and Address of Carrier	
9. When were the Police notified, and at which station?	
10. Is there any other Policy in force covering this loss whether effected by you or not? If so, give details.	
11. Where can damaged goods be inspected?	
<p>I/We hereby declare that the foregoing statements are true to the best of my/our knowledge and belief, that the articles and property described overleaf were stolen or damaged under the circumstances above described, and that such articles and property belonged to the person(s) named, no other person having any interest therein whether as Owner, Mortgagee, Trustee or otherwise.</p> <p>SIGNATURE _____ DATE _____</p>	

STATEMENT

Please note:-

1. If the claim is in respect of stock in trade, a full list of the articles must be given together with the cost price of the replacement of these stock items and not the selling price of the articles concerned (unless, insured for selling price).
2. If the claim is in respect of household goods or personal effects the amount to be claimed on any one article must be limited to the intrinsic value at the time of the loss subject to any limit stated in the policy.

Number of Articles	Description	When & where bought	Replacement Value	Deduction for age, use or wear & tear	Amount claimed

