


**GOODS-IN-TRANSIT
OWN GOODS CLAIM FORM**

**Jubilee Insurance Centre, 14 Parliament Avenue
P.O. Box 10234, Kampala, Uganda
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Email: jazug@allianz.com**

COMPANY DOES NOT ACCEPT LIABILITY BY THE ISSUE OF THIS FORM

1) Name of insured _____ Policy Number _____

Address _____ Date of Payment of last premium. _____

_____ Telephone Number _____

Business _____

Are you a registered person for VAT purposes? ☐ Yes ☐ No Date of VAT Registration No. _____

VAT Registration No. _____

2) When were the goods lost or damaged? At _____ a.m. / p.m. on _____

3) If the claim is for damage, where can the damaged goods be inspected? _____

4) Please exactly the nature of the loss or damage and (a) how and (b) where the loss or damage occurred and say (e) what action was taken immediately afterwards. A statement from the driver must be provided.

a) _____

b) _____

c) _____

5) Claims arising from theft, pilferage or short delivery must be reported to the police.

Please give address of the police station to which loss was reported. _____

_____ Date reported _____ Time reported _____ a.m. / p.m

Where were the goods picked up? _____

Where were the goods to be delivered? _____

6) Please give the following information about your vehicle.

- a) i) Make _____ ii) Type _____ iii) Carrying Capacity _____
- b) Registration number _____
- c) Are you the owner? ☐ Yes ☐ No
- d) If not please give the names and addresses of the owners. _____

- e) Name and address of the motor insurers of the vehicle: _____
_____ Motor Policy Number _____
- f) How many vehicles are you currently operating for carriage of goods? _____

- a) Were the doors / windows locked and the keys removed? ☐ Yes ☐ No
- b) Details of security filling on vehicle (type, etc) _____
- c) Installed by whom? _____
- d) Were the security fillings in working order at the time of the occurrence ☐ Yes ☐ No
- e) Were they all in full operation at the time of the occurrence? ☐ Yes ☐ No
- f) Was force used to gain entry into the vehicle? ☐ Yes ☐ No
- g) What evidence is there of force being used to enter the vehicle? _____

Please fill the following information about the person driving the vehicle

Name: _____ Age: _____ Length of Service _____

Please give the following information about the actual goods lost or damaged.

- a) Description of goods _____
- b) Value of goods lost or damaged _____
Less salvage (if any) _____
Amount of claim. _____

- c) Please state the value of the whole load. (not merely the part lost or damaged) _____

- d) **IMPORTANT:** The original invoice or account of the goods is required.

- e) I/We declare the foregoing particulars to be true and complete and that I/We hold no other policy indemnifying me/us in respect of this claim.

Date: _____ Signature: _____