

RC. 163170
CORNERSTONE INSURANCE PLC

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Cornerstone

CLAIM NO. _____

**GOODS IN TRANSIT CLAIM FORM
(OWNERS RISKS)**

Please answer questions fully and return this form without delay

POLICY NUMBER: _____ Date of payment of last Premium: _____

Name of Insured: _____

Occupation: _____ Telephone (Business): _____

Address: _____

_____ Telephone (Home): _____

Were the Goods lost or were they damaged? _____

Date and time of loss or damage: _____ Place: _____

By whom reported? _____

How did loss or damage occur? _____

IF GOODS WERE CARRIED IN OWN VEHICLE OR VEHICLE OPERATED BY YOU, STATE:

Reg. No. of vehicle _____ Make and type: _____

Value of load: _____

If vehicle left unattended, were all doors and windows secured? _____

IF GOODS WERE CARRIED IN OWN VEHICLE OPERATED BY YOU, STATE:

Date and time of dispatch: _____

By Parcel/Letter/Registered Post from _____ Post Office

Goods _____ Company's _____

By _____ Rail at _____ Risk from _____ Station

Passenger _____ Owner's _____

By Road Carrier (name and Address) _____

_____ From _____ Depot

Was any receipt obtained? _____ (a) On collection (b) On delivery

(if so, please forward them)

Date of notification in writing to person or persons responsible for transit or storage: _____

Conditions of Carriage: As most Carriers lay down in their Conditions time limits for the notification of loss or damage, and advice of the details of such loss or damage, it is particularly requested that prompt notification is made to the Carrier concerned.

IN RESPECT OF PROPERTY LOST:

When did you advise the Police and where? _____

What other steps have you taken to trace it? _____

IN RESPECT OF PROPERTY DAMAGED:

Where can the damaged goods be inspected? _____

P. T. O.

