

	POLICY NO.	
BROKER		

INSURED

Name :	
ID No / Co. Reg. No:	
VAT Registration No:	
Tel No:	Cell No:
Physical Address:	

VEHICLE

Make:	Model:
Reg. No. Trailers:	Reg. No. Horse:
Driver's name and licence no.:	

OCCURRENCE

Date of loss:	Time of loss:
Where did the incident occur?	
Nature of loss (i.e. collision, overturning, hijack etc.):	
Current location of load:	
Contact name & no of person/insured in control of load:	
Description of goods carried:	
New / second hand:	
Address from which goods were dispatched:	
Date dispatched:	
Brief description of incident (attach driver's statement if possible):	
Were you the principal contractor or a sub-contractor?	
Did your employees:	(A) Load the vehicle YES / NO (B) Unload the vehicle YES / NO
Did the consignees accept delivery?	Yes No
If yes, was a receipt given?	Yes No
Did you use the Standard Trading Conditions of Carriage?	Yes No
If no, which Conditions of Carriage did you use? (Please attached specimen copy)	
Has a claim been made against you by the owner?	Yes No

Date received:	
Was the matter reported to the Police?	
Police Station reported to:	
SAPS Case No:	
Date reported:	Reported by:

PARTICULARS OF GOODS LOST OR DAMAGED

Quantity	Description	Value

OTHER PARTY/IES

Other vehicle:	Reg. No:
Make:	Model
Name and address of owner & driver:	
Contact details:	
Insurance details:	
Details of damages	
Name and contact details of witnesses:	
Name and contact details of owners of goods:	
For whom were goods carried:	

DECLARATION

I/we declare that to the best of my/our knowledge the above statements are true and correct	
Signature of Insured	_____
Capacity	_____
Date	_____