

GOODS IN TRANSIT

CLAIM FORM (HORIZON)

In the submission of this claim, the insured hereby confirms that they are the owner of the goods.

DETAILS OF POLICYHOLDER

Company Name / Full Name (if Individual)	
Policy Number	
Contact Person	
Telephone Number	
Email	

DETAILS OF LOSS

Date of Loss		
Voyages	From:	To:
Cargo Carried		
Load value at time of loss	R	
Estimate of loss / damages	R	
Did any other insurance cover the goods at the time of loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes to the above, please provide particulars and name of insurer		
If goods are damaged, where can they be inspected?		
Describe fully how the loss / damages occurred:		
Have you taken any actions to reduce your loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If Yes to the above, please provide details:	
If loss / damages was caused by another party, please provide Name, Telephone number:	
Has any other party any interest in the subject matter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes above, please provide Name and Telephone:	

REPORTING TO POLICE

Was loss / damages reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, why not?	
If Yes, name of police station	
Police Case number	
Date reported to police	
Certificate / declaration / invoice no	

DETAILS OF CLAIM

Commodities Carried	Details of Loss and/or Damage	Insured Amount	Amount Claiming For
		R	R
		R	R
		R	R
		R	R
		R	R
		R	R

DETAILS OF BANK FOR CLAIM PAYMENTS

Name of Bank	
Branch Code	
Account Name	
Account Number	

SUPPORTING DOCUMENTS

Please provide supporting documents and confirm whether these have been included with this claim form:

Document	Included
Invoice indicating the value of goods claimed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quote indicating the value of goods to be repaired / replaced	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>

DECLARATION & SIGNATURE

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form.

Any untrue or incorrect statements in this claim form may result in the claim being rejected. I / We hereby declare that all the information given is true and correct.

Signature	
Name	
Designation	
Date	