



KBL Insurance

CLAIM FORM

(Company does not admit liability by the issuance of this form)

**GOODS-IN-TRANSIT
INSURANCE**

1. Policy Number -----
2. Name of Insured -----
3. Address of the Insured -----
4. E- mail address -----
5. Mobile number -----
6. Occupation -----
7. How were the goods lost? -----
8. Date and time of loss -----
9. Location of loss -----
10. How were the goods packed? -----
11. Registration number of vehicle -----
12. Type (make) of vehicle -----
13. Owned/hired -----
(if hired, please provide the contact details of the transporter and copies of contract of carriage between Insured and the transporter)
14. Value of load -----
15. Where can the damaged goods be inspected -----
16. Please give details of any report to Police including time of report, police station

17. Please give details of any other insurance on the goods.

Description of good	Nature of damage	Owner	Place and time of purchase	Price (N)	Deduction for wear and tear (N)	Amount claimed (N)

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me, and no other person has interest in it, whether as owner, mortgagee or trustee.

Signature ----- Date -----

Witness

Name ----- Address -----

Signature ----- Date -----

Document to attach

Copy of declaration made to insurance company before transit of the goods