MAYFAIR INSURANCE BOTSWANA
Plot 64511 First Floor Mmila House, Fairgrounds
Gaborone, Botswana

GOODS IN TRANSIT CLAIM FORM

INSURED			
Policy Number:			
Name:			
Occupation:			
Address:			
Tel. Number:	(H)	Tel. Number:	(W)
Cell Number:		Fax Number:	
E-mail:			

CLAIM DETAILS					
Place of occurrence:		Date:		Time:	
MERCHANDISE/GOODS DETAILS					
Details of whole load					
Load description (Describe fully):					
Number of packages or articles:		Total weight:			
Total value of whole load:					
Details of merchandise/goods lost or damaged					
Description:					
Number of packages or articles:		Total weight:			

AMOUNT OF CLAIM		
Value of merchandise / goods lost or damaged	P	**Where available the following should be attached**
Salvage (if any)	P	a) Invoice or account in respect of the loss or damage b) Original copy of receipt given for the merchandise/goods after loading c) Signed delivery note obtained when delivering d) Any other documents or correspondence received.
Gross amount of Claim	P	

LOSS DUE TO THEFT				
If loss is due to theft, swindling or short delivery, state:				
Address of Police Station where reported:				
Date and time of such report:	Date:		Time:	

LOSS DUE TO ACCIDENT			
If loss or damage was caused by an accident to the vehicle, state:			
Names, address and telephone numbers of owners of other vehicle involved:			
Name:		Telephone:	
Address:			

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Name:				Telephone:			
Address:							
Names, address and telephone numbers of any witnesses:							
Name:				Telephone:			
Address:							
Name:				Telephone:			
Address:							
Were details taken by a police officer at the scene?						YES	NO
Was he/she a witness?	YES	NO	Date reported:		Case No:		
Address of Police Station:							
Was any indication given by the police that you, your driver or any other person might be prosecuted?						YES	NO

Signed at _____on this _____day of _____20_____.

_____ _____

Insured Signature **Witness**

Designation: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WHEN SUBMITTING THIS CLAIM FORM:

- Fully completed claim form
- Contract of Carriage / Load Confirmation between all parties involved
- Driver's statement describing circumstances up to and including the loss
- Copy of the original suppliers / sales invoice reflecting the cost price of the goods of the full load at the time of the loss
- Police Report & Case Number
- Third party details
- Horse and trailer roadworthy and licence certificates
- Full price itemised claim identifying items lost / damage
- Signed Delivery Note and / or Waybill
- Enlarged and clear copy of the Drivers current PrDP and licence, including any endorsements
- Foreign drivers – international drivers licence & asylum seekers permit
- Load confirmation and / or transport costs charged for the load delivery
- Cross border documents
- Satellite tracking movement report