CIC GENERAL INSURANCE UGANDA LTD

GOODS IN TRANSIT CLAIM FORM

CIC INSURANCE

IMPORTANT NOTICE:

1. The issuance of this claim form shall not be construed or taken as an admission of liability on the part of the Insurer.
2. All questions must be answered fully, accurately, and with comprehensive elaboration where required.

1. INSURED'S DETAILS

Name of Insured: _____ Policy No: _____

Date of Payment of Last Premium: _____ Telephone No _____

Occupation / Business: _____

Email Address: _____ Correspondence Address: _____

2. LOSS OR DAMAGE DETAILS

i. When Were the Goods Lost or Damaged? _____

ii. If the Claim Is for Damage, Where Can the Damaged Goods Be Inspected? _____

iii. State Exactly the Nature of the Loss or Damage:

(a) How the Loss or Damage Occurred:

_____

_____

(b) Where the Loss or Damage Occurred:

_____

_____

(c) What Action Was Taken Immediately Afterwards:

_____

_____

iv. A Statement from the Driver Must Be Provided:

_____

_____

3. POLICE DETAILS

i. Claims Arising from Theft, Pilferage or Short Delivery Must Be Reported to the Police.
Give Address of the Police Station to Which the Loss Was Reported:

_____

_____

4. COLLECTION & DELIVERY

(a) Where Were the Goods Picked Up?

_____

(b) Where Were the Goods to Be Delivered?

_____

5. VEHICLE DETAILS

(a) Make: Registration No:

Carrying Capacity:

(b) Are You the Owner? Yes ☐ No ☐

(c) If Not, Give the Names and Address of the Owners:

(d) Name and Address of the Motor Insurers of the Vehicle:

(e) How Many Vehicles Are You Currently Operating for Carriage of Goods?

6. SECURITY DETAILS

a) Were the Doors/Windows Locked and the Keys Removed? Yes ☐ No ☐

b) Details of Security Fittings on Vehicle:

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(c) Installed by Whom?

(d) Were the Security Fittings in Working Order at the Time of Occurrence?

e) Were They All in Full Operation at the Time of Occurrence?

(f) Was Force Used to Enter the Vehicle?

(g) What Evidence Is There of Force Being Used to Enter the Vehicle?

7. DRIVER DETAILS

Age: Length of Service:

8. GOODS DETAILS

(a) Description of Goods:

(b) Value of Goods Lost or Damaged:

Less Salvage (if any): Amount of Claim:

State Value of the Whole Load (Not Merely the Part Lost or Damaged):

DECLARATION

We hereby declare that the whole of the statements made by me/us in this claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: _____ Signed by policy holder: _____