Alliance Africa General Insurance Limited
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GOODS IN TRANSIT CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

1. Loss/Damage Details

- **Date & Time of Loss/Damage:** .....
- **Location of Loss/Damage:** .....
- **Inspection Location (if damaged):** .....

Nature of Loss/Damage

a) How it occurred: .....
b) Where it occurred: .....
c) Immediate action taken: .....

(Attach driver's statement)

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2. Police Report (for theft/pilferage/short delivery)

- **Police Station Reported To:** .....
- **Date Reported:** .....

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3. Transport Details

a) Pickup Location: .....
b) Delivery Location: .....

Vehicle Information

- Make: .....
- Type: .....
- Carrying Capacity: .....
- Registration Number: .....
- Owner of Vehicle: .....

- If not owner, provide details of owner: .....
- Motor Insurer: .....
- Number of vehicles operated for carriage of goods: .....

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4. Security Details

a) Were doors/windows locked and keys removed? Yes / No
b) Security fittings on vehicle (type): .....
c) Installed by: .....
d) Were fittings in good working order? Yes / No
e) Were fittings in full operation at time of occurrence? Yes / No
f) Was force used to gain entry? Yes / No
g) Evidence of force: .....

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5. Driver Information

- Name: .....
- Age: .....
- Length of Service: .....

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6. Goods Information

- Description of Goods: .....
- Value of Goods Lost/Damaged: .....
- Less Salvage (if any): .....
- **Amount of Claim:** .....
- Value of Whole Load: .....

(Attach Original Invoice/Account of Goods)

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7. Declaration

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

I/We, the undersigned, declare that the above statements are true to the best of my/our knowledge. I/We understand that any false or fraudulent statement or concealment will render this claim void and the policy nullified.

- **Witness:** .....
- **Insured's Signature:** .....
- **Name:** .....
- **Date:** .....

Would you like me to also **convert this into a fillable digital form** (with text boxes and checkboxes), so it's easier for claimants to complete electronically?