CG* UNITED CLAIM NO. Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if necessary. Date format is DD/MM/YY. Branch or Agent VAT No. Policy No.		GOODS IN	I TRANSIT CLAIM FORM
appropriate and indicating Not Applicable if necessary. Date format is DD/MM/YY. Branch or AgentVAT NoAccount No Policy NoAccount No EECTION 1 DETAILS OF INSURED Name of insuredBusiness No Email addressCell NoAddressCell NoAddressAddressCell NoAddressAddressAddressAddressAddressAddress	CG ["] UNITED	CLAIM NO	
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Policy No.			ary check box as
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Name of insured Business No. Email address Cell No. Address Cell No. Noting the definition below, please select which of the following is applicable to you: Instruction Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable A Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable A Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable A Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable A politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable Politically Exposed Person (PEP) Intervention of State of State or of government, Judicial or military officials, senior executives of state- owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates. ECTION 2 DETAILS of CLAIM	Policy No	Account No.	
Email address Cell No. Address	ECTION 1 DETAILS OF INSURED		
Address	Name of insured	Business No	
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A Politically Exposed Person (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state- owned corporations, important politicians, senior government, judicial or military officials, senior executives of state- personal and professional associates. ECTION 2 DETAILS of CLAIM Date of loss or damage Time a.m./p.m. Description of goods concerned No. of packages Total weight How were the goods packed? If goods were part only of consignment describe nature of other goods and value Address from which goods were dispatched Name and address of consignees Circumstances of loss or damage Mo. If Yes, Date Reported Details of Officer or Station If yes, Date Reported If yes, Date Reported If yes, Date Numbers of the: (a) Owner (a) Owner (a) Owner (b) O	Noting the definition below, please select which of the followi	ng is applicable to you:	
of state or of givernment, senior politicians, senior government, judicial or military officials, senior executives of state- owned corporations, important politicial party officials. This category also includes immediate family members close personal and professional associates. ECTION 2 DETAILS of CLAIM Date of loss or damage Timea.m./p.m. Description of goods concerned	□ Politically Exposed Person (PEP) □ Related to a Politically	ically Exposed Person (PEP)	Not Applicable
Date of loss or damage Time a.m./p.m. Description of goods concerned	of state or of government, senior politicians, senior governmen owned corporations, important political party officials. This ca	nt, judicial or military officials, se	nior executives of state-
Description of goods concerned	ECTION 2 DETAILS of CLAIM		
No. of packages Total weight How were the goods packed? If goods were part only of consignment describe nature of other goods and value Address from which goods were dispatched Date dispatched Name and address of consignees Circumstances of loss or damage Circumstances of loss or damage Was the matter reported to Police? Q Yes Q No If Yes, Date Reported Details of Officer or Station If another vehicle was involved, state Name, Address and Contact Numbers of the: (a) Owner	Date of loss or damage	Time	a.m./p.m.
How were the goods packed?	Description of goods concerned		
If goods were part only of consignment describe nature of other goods and value	No. of packages Total weight		
Address from which goods were dispatched	How were the goods packed?		
Date dispatched	If goods were part only of consignment describe nature of oth	ner goods and value	
Date dispatched			
Name and address of consignees	· · · · · · · · · · · · · · · · · · ·		
Circumstances of loss or damage			
Was the matter reported to Police? Yes No If Yes, Date Reported	Name and address of consignees		
Details of Officer or Station If another vehicle was involved, state Name, Address and Contact Numbers of the: (a) Owner	Circumstances of loss or damage		
Details of Officer or Station If another vehicle was involved, state Name, Address and Contact Numbers of the: (a) Owner			
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Details of Officer or Station If another vehicle was involved, state Name, Address and Contact Numbers of the: (a) Owner			
(a) Owner			



GOODS IN TRANSIT CLAIM FORM

CLAIM NO. _____

Please provide the following details of the Witnes	ses:
--	------

Witness 1	Witness 2	Witness 3	Witness 4	
Name				
Address				
Tel. No.				
SECTION 3 IF YOU ARE THE OW	NER OF THE GOODS, PLE	EASE COMPLETE THIS SEC	TION	
How and by whom were the goods t	ransported?			
Have you advised them of the loss o	r damage? 🛛 Yes 🛛 No	Date advised		
Name, Address and Contact No. of t	heir Insurers			
N.B. CARRIERS SHOULD BE NOTIFIED O	F ALL LOSSES WITHOUT DEL	AY.		
SECTION 4 IF YOU ARE CLAIMIN	IG AS A CARRIER OF THE	GOODS. PLEASE COMPLE	TE THIS SECTION	
Name, Address and Contact No. of C				
Nume, Address and Contact No. of C				
For whom were goods carried?				
Name, Address and Contact No. of t				
Were you the principal contractor, o	r sub-contractor? 🗆 Yes 🛛] No		
Registered letters and numbers of ye				
If you vehicle was unattended when				
,				
Were the goods in sound condition	when received? 🛛 Yes 🔲 I	No Were they checked by	your vehicle? 🛛 Yes 🔲 No	
Did you or your employees a) load				
Did the consignee accept delivery?				
What conditions of carriage do you				
Has a claim been made against you l	by the owner? 🛛 Yes 🛛 N	lo If Yes, Date received		
Noting the definition below, please s	elect which of the following	g is applicable to you:		
Politically Exposed Person (PEP)	Related to a Politica	ally Exposed Person (PEP)	Not Applicable	
A Politically Exposed Person (PEP) is one who has been entrusted with prominent public functions, for example a head				
of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state- owned corporations, important political party officials. This category also includes immediate family members close				
personal and professional associates			-	

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GOODS IN TRANSIT CLAIM FORM

CLAIM NO. _____

SECTION 5 PARTICULARS OF GOODS LOST OR DAMAGED

NOTE: All Invoices, Delivery Notes, Receipts and Correspondences are to be sent with this form.

Quantity	Description	Value
	Total	
	Value of Salvage	
	Net loss of cost of repairs	

Address where damaged goods can be inspected_____

SECTION 6 DECLARATION

I/We hereby declare that the foregoing particulars provided by me/us are true and correct to the best of my/our knowledge and belief. I am/we are aware that the failure by me/us to provide information that is true and correct to the best of my/our knowledge and belief, or the withholding of information relevant to this claim may result in CG United Insurance Ltd. denying or voiding this claim, or in criminal prosecution and/or civil proceedings being brought against me/us in accordance with relevant Laws.

Date_____ Signature of insured ____

(If an Insured Company, agree status of Signatory)