



# TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

**Marine Insurance Specialists**

W: [www.trimarine.co.za](http://www.trimarine.co.za) | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

## GOODS IN TRANSIT (GIT) – CLAIM FORM

### DOCUMENTATION REQUIRED

To enable claims to be dealt with promptly, the Insured or their Agents are advised to submit all available supporting documents without delay, including when applicable:

- Original policy or certificate of insurance or marine declaration as applicable.
- Original or copy of all invoices, delivery notes, receipts and correspondence supporting the claim.
- Insured's formal priced claim on official company letterhead.
- Proof of banking details no older than three months old.

INSURED'S DETAILS:			
NAME OF INSURED:			
CONTACT NAME:			
TELEPHONE NUMBER:			
PHYSICAL ADDRESS:			
VAT REFERENCE NO:			
BROKER'S DETAILS:			
NAME OF BROKER:			
CONTACT NAME:			
TELEPHONE NUMBER:			
BROKER'S REFERENCE:			
POLICY DETAILS:			
POLICY NUMBER:			
DEDUCTIBLE:			
POLICY PERIOD:	FROM:	TO:	
CLAIM INFORMATION:			
DATE OF LOSS / DAMAGE:		TIME:	
DESCRIPTION OF GOODS CONCERNED:			
NO OF PACKAGES:		TOTAL WEIGHT:	
If goods were only part of consignment, describe nature of other goods and value:			



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ADDRESS FROM WHICH GOODS DESPACHED:			
DATE DESPACHED:		TIME:	
Circumstances of loss or damage:			
MAKE AND TYPE OF VEHICLE:		REGISTRATION NO:	
WAS MATTER REPORTED TO POLICE?	YES / NO		
DETAILS OF OFFICER/STATION:			
CASE NUMBER:		DATE ADVISED:	
IF ANOTHER VEHICLE WAS INVOLVED, STATE NAME AND ADDRESS OF:			
OWNER:			
INSURER:			
NAME & ADDRESS OF WITNESS(ES):			
<b>IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:</b>			
How and by whom were the goods transported?			
Have you advised them of the loss/damage?		DATE ADVISED:	
Name and address of their insurers:			
<b>NB: CARRIER SHOULD BE NOTIFIED OF ALL LOSSESS WITHOUT DELAY</b>			
<b>IF YOU ARE NOT THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:</b>			
Name and address of owner(s) of the goods:			
For whom were goods carried?			
Name and address of their insurers:			
Where you the principal contractor, or a sub-contractor?			
Did you or your employees:			
Load the vehicle?	Y / N	Unload the vehicle?	Y / N
Did the consignees accept delivery?	Y / N	If yes, was a receipt given?	
Did you use the Standard Trading Conditions of Carriage?		Y / N	



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If not, what conditions of carriage did you use? (Please attach specimen copy)			
Has a claim been made against you by the owner?	Y / N	DATE RECEIVED:	
<b>PARTICULARS OF GOODS LOST OR DAMAGED:</b>			
	<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>VALUE</b>
			<b>TOTAL</b>
		<b>TOTAL VALUE</b>	
Address where damaged goods can be inspected:			
<b>DECLARATION AND CONSENT:</b>			
<p><b>DECLARATION</b> I/We solemnly declare that I/We have suffered loss or damage to the property as described above and that the said loss/damage occurred in the circumstances described.</p> <p><b>GENERAL POPI CONSENT CLAUSE</b> By providing the information on your claim form, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.</p> <p>Should a settlement be accepted following the completion of this claim form,</p> <p>The Parties acknowledge that for the purposes of performing this contract, it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa, for use in connection with the performance of this contract and any related reinsurance contract.</p>			
NAME OF SIGNATORY:			
SIGNATURE:		DATE:	