



TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: 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):			
IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:			
How and by whom were the goods transported?			
Have you advised them of the loss/damage?		DATE ADVISED:	
Name and address of their insurers:			
NB: CARRIER SHOULD BE NOTIFIED OF ALL LOSSESS WITHOUT DELAY			
IF YOU ARE NOT THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION:			
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	

