

## Goods in Transit Claim Form (load+care)

## Goedere in Transito Eisvorm (load+care)

(Delete sections not applicable)

(Skrap afdelings nie van toepassing nie)

HCV		Policy Number Polisnommer		Broker Makelaar		Broker Contact Details Makelaar Kontak Besonderhede				
INSURED	Name and Occupation							Naam en Beroep		VERSEKERDE
	Physical Address							Straataadres		
	ID Number and Phone No.							ID Nommer en Telefoonnr.		
DETAILS OF LOSS/DAMAGES	Brief description of loss/incident	Date of loss Datum van verlies			Time of loss Tyd van verlies			Kort beskrywing van verlies of voorval		BESONDERHEDE VAN SKADE/VERLIES
	Was the incident reported to the Police?	Yes Ja	No Nee	Date reported Datum aangemeld		Case Number Saaknommer		Was die aangeleentheid by die SAP gerapporteer?		
Details of Police Station and the Officer								Besonderhede van Polisie kantoor en Offisier		
DRIVER DETAILS (Attach copy of the licence and front page of ID)	Full Name and Surname							Volle Naam en Van		BESTURDER SE BESONDERHEDE (Heg afskrif van rybewys saam en voorblad van ID)
	Physical Address							Straataadres		
	Phone Number							Telefoonnommer		
	Occupation							Beroep en Geboortedatum		
	Drivers Licence and PrDP	No. Nr.		Date Datum		Code Kode		Full/Learner Vol/Leerling	Rybewys en PrDP	
	ID Number							ID Nommer		
	State fully the purpose for which the vehicle was being used							Meld volledig die doel waarvoor die voertuig gebruik is		
	Was he/she driving with your permission?							Het hy/sy met u toestemming bestuur?		
	Was he/she in your employment?							Was hy/sy in u diens?		
	Details of any convictions for motoring offences							Besonderhede van enige veroordeling weens motoroortredings		
	Has Licence ever been endorsed?				When Wanneer			Is rybewys ooit geëndosseer?		
	Has he/she any physical defects?							Het hy/sy enige liggaamlike gebreke?		
Details of previous accident claims							Besonderhede van vorige ongelukke/eise			
VEHICLE DETAILS	Details of vehicle involved in the incident	Make and Model/Fabrikaat en Model		Chassis No/Onderstel No		Registration Number/Registrasie Nommer		Besonderhede van voertuig betrokke in voorval		VOERTUIG BESONDER HEDE
DETAILS OF THIRD PARTY	If another vehicle was involved, state details of the other vehicle	Registration Number Registrasienommer		Owner Eieneaar		Insurer/Policy Number Versekeraar/Polisnommer		Indien 'n ander voertuig betrokke was, voorsien die besonderhede van die ander voertuig		BESONDERHEDE VAN DERDEPARTY

WITNESSES	Name, Physical Address and Phone No.						Naam, Straatadres en Telefoonnr.		GETUIES
	Name, Physical Address and Phone No.						Naam, Straatadres en Telefoonnr.		
CONTRACTOR	Select type of Contractor	Principal Contractor Hoof Kontrakteur				Sub-Contractor Subkontrakteur		Merk tipe Kontrakteur	
	Name and address of Owner of goods	Name Naam		Address Adres				Eienaar van goedere se naam en adres	
	Name and policy number of Owner's Insurer	Name of Insurer Naam van Versekeraar		Policy Number Polisnommer				Naam van Eienaar se Versekeraar en Polisnommer	
	Address from where goods were dispatched							Versendingsadres	
	Name and address of consignee	Name/Naam		Address/Adres				Naam en adres van ontvanger van goedere	
	Did you or your employees	Load the vehicle? Voertuig gelaai?	Yes Ja	No Nee	Unload the vehicle? Voertuig afgelaai?	Yes Ja	No Nee	Het u of u werkers	
	Did the consignee accept delivery?	Yes Ja	No Nee	If so, was a receipt given? Indien wel, was kwitansie voorsien?				Het die ontvanger ontvangs erken?	
	Did you use the Standard Trading Conditions of Carriage?	Yes Ja	No Nee	If not, what conditions of carriage did you use? (Please attach specimen copy) Indien nie, watter ander voorwaarde van vervoer het u gebruik (voorsien asseblief 'n afskrif daarvan)				Het u die Standaard Besigheids Voorwaardes vir Vervoer gebruik?	
	Has a claim been made against you by the owner of the goods?	Yes Ja	No Nee	Date received Datum ontvang				Is daar enige eis teen u ingestel deur die eienaar van goedere?	
DETAILS OF GOODS LOST OR DAMAGED	All invoices, delivery notes, receipts and correspondence to be attached to this form	Quantity Hoeveelheid	Description/Beskrywing				Value/Waarde	Alle fakture, afleweringnotas, kwitansies en korrespondensie moet hierby aangeheg word	
	Address where damaged goods can be inspected					Adres waar beskadigde goedere besigtig kan word			
DECLARATION	We hereby declare that the foregoing particulars are true in every respect. Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is.								
	Signature of Insured Versekerde se handtekening			Capacity Hoedanigheid			Date Datum		
BESONDERHEDE VAN VERLORE OF BESKADIGDE GOEDERE								VERKLARING	

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