

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 BESONDERHEDE	
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			
								VERKLARING		

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