

Goods in Transit Claim Form

Ref No (Please insert)

Please complete and return form to:

Allianz Insurance plc, Commercial Property Claims Team,
500 Avebury Boulevard, Milton Keynes, MK9 2XX.

Please complete the relevant sections. If any are not applicable please add N/A

Policy Holder

Name	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Business	<input type="text"/>	Tel. No Office	<input type="text"/>
Are you registered under the VAT regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tel. No Business	<input type="text"/>
If yes please give details	<input type="text"/>		

Vehicle/Driver

Make/Type of Vehicle	<input type="text"/>	Registration Number	<input type="text"/>
If vehicle was unattended at the time of loss or damage			
Where was it parked?	<input type="text"/>		
How was it secured/immobilised?	<input type="text"/>		
Name and address of driver	<input type="text"/>		
	<input type="text"/>		
	Age	<input type="text"/>	Date commenced employment
		<input type="text"/>	<input type="text"/>

Circumstances

Date	<input type="text"/>	Time	<input type="text"/>
Place of incident	<input type="text"/>		
State fully how incident occurred			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			



Circumstances

(Continued)

Was matter reported to police

Officer No. or Station reported to

Crime Ref. No

In your opinion was loss caused by the fault of any person or persons and if so give name and address of such person or persons?

Were there any witnesses to the loss? If so give name and addresses

Has any claim been made against you?

Property Details

Name and address of the owner of the goods involved

Description of goods involved

Total value of goods in transit at the time of the occurrence

Weight of whole consignment

Who signed for the consignment upon collection?

Who signed for the consignment upon delivery?

What conditions of carriage apply to this consignment? RHA/CMR/**OTHER**

Where "**OTHER**" please supply copy of conditions

Where can damaged goods be inspected?

Circumstances

(Continued)

Particulars of goods lost or damaged

Quantity/Weight	Description	Value

	Total	<input type="text"/>
	Value of Salvage	<input type="text"/>
	Net loss or cost of repairs	<input type="text"/>

NOTE: All invoices, consignment notes, delivery notes, receipts and correspondence are to be sent with this form

Notice

Insurers pass information the Motor Insurance Anti-fraud and Theft Register run by Insurance Database Services Ltd.(IDS Ltd). The aim is to help us check information provided and also prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We may pass information related to this incident to the register.

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties , to consider your claim, search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we may consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law. We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover . Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief , and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim , or application of cover under the terms and conditions of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

FAILURE TO DO THIS MAY RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

Signature of Insured

Date