

NATURE OF RECEIPT GIVEN:

- (a) By driver
- (b) By consignee

IS CLAIM FOR RECOVERY MADE AGAINST CARRIER OR THIRD PARTIES, GIVE PARTICULARS AND RESULT (Correspondences should be attached to this form)

**IS THERE ANY OTHER INSURANCE COVERING THE LOSS?
IF SO, STATE THE NATURE OF COVER & COMPANY INTERESTED**

THE FOLLOWING DOCUMENT(S) WHERE APPLICABLE ARE REQUIRED IN SUPPORT OF THIS CLAIM AND SHOULD BE ATTACHED TO THIS FORM.

- (a) Invoice or account
- (b) A true copy of the receipt given for the loss
- (c) Any other relevant documents or correspondence received

I/WE declare that the foregoing particulars to be true and complete and that I/WE hold no other policy indemnifying me/us in respect of this claim.

SIGNATURE _____

DATE _____ .

PARTICULARS OF CLAIM

No of Articles	Full Description	Name address and of seller	Date of Purchase	Cost Paid	Amount claimed

SPECIAL NOTICE: By condition, the policy is rendered void if any claim be fraudulent or intentionally exaggerated, or if any false statement or declaration be made in support of it. It is therefore important that this form should be filled up with great care.

I hereby declare that the within mentioned money/property belonging to me and insured under the said policy was lost, damaged or stolen in the circumstances stated above and that in consequence thereof a claim is hereby made for the sums severally stated within.

WITNESS _____

SIGNATURE _____

N.B. This statement of claim should be completed and forwarded immediately to the Company.

The insured MUST at once take every practical step that may lead to the recovery of the money/property .

The police must be advised immediately and any suspicion as to the parties implicated must also be communicated to the Company without delay.

INSTRUCTION REGARDING CLAIMS

IF ANY OF THE INSURED MONEY/PROPERTY THE SUBJECT OF THIS CLAIM IS RECOVERED EITHER BEFORE OR AFTER IDEMNITY HAS BEEN PROVIDED UNDER THE WITHIN NAMED POLICY THE COMPANY MUST BE NOTIFIED IMMEDIATELY.