

**FREIGHT LIABILITY CLAIM FORM**

Policy No

Name of Insured

Address   
Post Code  Tel No.

Business

1) When and where did the loss or damage occur

2a) Describe the exact nature of the loss or damage and action taken immediately afterward  
  
**Drivers/Employees Statement must be provided**

b) Who was responsible for the loss or damage

c) Name and Address of any Third Party

d) Details of Third Party Vehicle

3) If the claim relates to Theft, Pilferage or Short Delivery, please state :  
a) Address of Police Station to Whom Reported

b) Date Reported  Crime Ref. No.

4) If claim is for damage, where can the damaged goods be inspected

5) State Conditions of Carriage and/or storage that applied

6) If traffic was Sub-contracted to you, state name and address of Principal Contractor

7a) If traffic was Sub-contracted by you, state name and address of Sub-contractor

b) Has Sub-contractor been held responsible (**Attach copy of notification**)  
Yes  No

c) State Identity of Sub-contractors Insurers

**Attach copies of any documents and/or correspondence evidencing the Conditions agreed with your customer or any other parties involved**

8a) Name and Address of Consignors

b) Address of Collection Point (If different from above)

c) Name and Address of Consignees

9) Date Goods were :

a) Collected

b) Delivered

10a) Was the signature on Collection "clear"

Yes

No

b) Was Delivery made to a "clear" signature

Yes

No

11a) Did the driver count or check the Consignment

Yes

No

b) If no, state reasons why

c) Was Container/Trailer sealed at time of collection

Yes

No

d) Was Seal intact at the time of Delivery

Yes

No

12) Weight of Entire Load/Consignment

13) Value of Entire Load/Consignment

14) Weight of Damaged or Missing Goods

15) Amount of claim

16) Date of first formal notification of claim (other than clausued Note)

17a) Name and Address of Driver

b) How long employed

18) How many vehicles do you operate

**Note :** The following documentation will be required to finalise any claim :

- Claim Invoice or Account
- Invoice to Support Value of Load/Consignment
- Copy of the Delivery Note
- Drivers Statement
- All Other relevant documents and correspondence

**Declaration**

I/We declare the foregoing particulars and statements of claim to be correct and true to the best of my/our knowledge and agree to give any further information and assistance which may be required.

Signature of Insured

Date