

TRAILER 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, 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 trailer be inspected

5) Is Trailer/Container owned by you Yes No

6) Is Trailer/Container leased or hired by you Yes No

If Trailer / Container is not owned by you please state Name and address of the Owner below:

- 7) a) Date of Purchase
- b) Year of Manufacture
- c) Value
- 8) Cost of Repair or Replacement

Enclose Repair / Replacement Estimate

Sheets, Ropes etc.

- 9) Details
- 10) a) Date of Purchase
- b) Age
- c) Value
- 11) Cost or Repair or Replacement

Enclose Repair / Replacement Estimate

Drivers effects & Tools

12) List damaged or lost items below:

Description	Lost/Damaged	Date Acquired	Original Cost (Enclose Original Invoice)	Cost or Repair (Enclose Estimate/Invoice)

- 13) a) Are the items in question covered under any other policy Yes No

b) If yes, state Name, Address & Policy Number

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