

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								Straatadres			
	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		BESTUURDER SE BESONDERHEDE (Heg afskrif van rybewys aan en voorblad van ID)	
	Physical Address								Straatadres			
	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 Eienaar		Insurer/Policy Number Versekeraar/Polisnommer		Indien 'n ander voertuig betrokke was, voorsien die besonderhede van die ander voertuig		BESONDERHEDE VAN DERDEPARTY	

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The Heavy Commercial Vehicle Underwriting Managers (Pty) Limited (HCV) product offering is underwritten by Lombard Insurance Company Limited

Registration Number 1990/001253/06 ■ VAT Number 4360121331

HCV is an authorised financial services provider ■ FSP Licence Number 9853 ■ Registration Number 1995/010667/07 ■ VAT Number 4950187627

WITNESSES	Name, Physical Address and Phone No.				Naam, Straataadres en Telefoonnr.		GETUIES		
	Name, Physical Address and Phone No.				Naam, Straataadres en Telefoonnr.				
CONTRACTOR	Select type of Contractor	Principal Contractor Hoof Kontrakteur		Sub-Contractor Subkontrakteur		Merk tipe Kontrakteur		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 Versekeeraar		Policy Number Polisnommer		Naam van Eienaar se Versekeeraar 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		BESONDERHED E VAN VERLORE OF BESKADIGDE GOEDERE	
	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.							VERKLARING	
	Signature of Insured Versekerde se handtekening			Capacity Hoedanigheid		Date Datum			