

## **Mayfair Insurance Company Tanzania Limited**

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## **GOODS IN TRANSIT CLAIM FORM**

The issue of this form is not an admission of liability on the part of the Company. All questions on this form must be answered in full.

Name of Insured		
Address	Telephone No	
Business/Occupation	Email	
Policy Number		Expiry Date
1. Date and Time of Loss       a.m/p.m         2. Place of Loss		
4. If the Vehicle was unattended at the time of loss how was it Secured?		
5. Was the matter reported to the Police?		
Please state Location of Police Station		
Date Reported		
<ul> <li>6. Were the Goods being carried in your own Vehicle?</li></ul>		
Registration Details	Vehicle(s)	Name & Address of Owners(s)

8.State name and address of Carrier of Goods Claimed for:		
Were the Goods Being Carried at Owner's Risk or Carrier's Risk?		
<ul> <li>Note: (1) Please attach copies of Delivery/Consignment Note and Carriers Term of Carriage.</li> <li>(2) If you have not done so, please write to the Carriers holding them responsible for Loss/Damage and attach to this form a copy of your letter and ay response received.</li> </ul>		
9. Description of Goods concerned		
What was the total value of the consignment?		
Consignee's Name and Address		
Date Goods left your Premises		
10. Particulars of Goods Lost or Damaged Note: All Invoice delivery notes, receipts and the relevant correspondence are to be submitted with this form.		
Address where damaged goods can be inspected		
I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and the property described above belong to me/us, and that no other person has any interest except as mentioned in the Policy.		
Date Signature		