

UKI Goods in Transit Claims Form



1 You the Policyholder

Name of the insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>		
Postcode	<input type="text"/>	County	<input type="text"/>
Telephone Number	<input type="text"/>	Fax	<input type="text"/>

2 Circumstances of the Claim

Date of Accident / Loss	Time	Were you the owner of the goods	
<input type="text"/>	<input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
Exact place where accident/loss occurred		If no, please give name and address of owner	
<input type="text"/>		<input type="text"/>	

3 Description of goods

Description of Goods lost or damaged	Value	Salvage	Net amount claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Version of events (Brief description of how the accident / damaged occurred)

Name <input type="text"/>	Sign <input type="text"/>
Position <input type="text"/>	Date <input type="text"/>

Office use only

Acknowledged by <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Third Party Carrier <input type="text"/>	liability letter sent <input type="text"/> / <input type="text"/> / <input type="text"/>