



# Star Assurance

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## GOODS-IN-TRANSIT CLAIM FORM

### 1.POLICYHOLDER

NAME:.....  
ADDRESS:..... TEL.NO:.....  
TRADE/BUSINESS:.....  
E-MAIL ADDRESS:.....  
POLICYNO:.....RENEWAL DATE:.....

### 2.THE ACCIDENT:

EXTENT OF JOURNEY: FROM:..... TO:.....  
DATE OF OCCURRENCE:..... TIME:.....  
EXACT LOCATION OF THE ACCIDENT:.....

### **3. PARTICULARS OF VEHICLE(S) THAT WAS CARRYING THE GOODS:**

Registration No.	Make	Cubic Capacity	Seating Capacity
1.			
2.			
3.			
4.			

### **4. GIVE FULL DESCRIPTION OF THE CAUSE OF ACCIDENT/LOSS AND THE EXTENT OF DAMAGE TO THE GOODS THAT WERE BEING CARRIED:**

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5. (a) State the value of goods being carried:.....  
(b) State value salvaged after the accident:.....

6. (a) Was the accident reported to the police?.....

If so, state:

(i) Date reported  
.....

(ii) The name of the police station.....

(iii) The name of the police who took the particulars.....  
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*I/We declare that the above statement is true in all respects to the best of my/our Knowledge and belief and I/We undertake to give every information and assistance as the Company may require in connection with this claim*

Date:.....Signature of Policyholder:.....