

Goods in Transit Claim Form



Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and send it to us within thirty days of the incident. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

Contact Numbers

Claims Department

Andrea Compton	0116 2999016
Sue Hitchcock	0116 2999020

Partners/Account Executives

Peter Turner	0116 2999005
Perry Turner	0116 2999002
Lee Turner	0116 2999013
Kevin Lewis	0116 2999003
Peter Shaw	0116 2999009

Paul Chesters	0116 2999023
Jeff Cook	0116 2999004
Ketan Popat	0116 2999064
James Fogg	0116 2999015

Late Notification

Please note that if your Insurance Company does not receive notification of your claim within a reasonable period of time, they may decide not to deal with your claim, or any claims made against you.

Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

Supporting Evidence

The claim will need to be supported by estimates for repair or replacement. If you believe the claim is going to large or complicated, please fax the form to us immediately on 0116 2999001 as your Insurers may wish to appoint Loss Adjusters.

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner & Co. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerand.co.uk
Authorised and regulated by The Financial Services Authority

Goods in Transit Claim Form



For office use only Turner and Co Claim Reference _____
Insurance Company _____

POLICYHOLDER

Name/Insured _____
Policy number _____
Address _____
Business _____
Daytime telephone number _____ Contact _____
E-mail address _____
Are you VAT registered? Yes No

THE EVENT

State whether goods were: Stolen Lost Damaged
Date _____ Time _____ am/pm
Location _____

When was loss discovered? _____ By whom? _____
State fully circumstances of loss – please also attach statement from driver _____

If claim is for damage, where can goods be inspected? _____

OWN VEHICLE – complete if goods carried in vehicle owned or operated by you

Make & Model _____
Registration Number _____ cc/gvw _____
How many vehicles do you operate for the carriage of goods? _____
Name of Driver _____ Age _____
Is he/she an employee? Yes No Length of Service _____

THE CARRIER - complete if goods were not carried in your own vehicle

Name & Address _____

What Conditions of Carriage applied? _____
Have you made a claim against the carrier? Yes No

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THEFT

When and how were the police informed? _____

Police Report Crime number and station _____

Were all doors and windows locked and keys removed? Yes No

Details of security fittings _____

Were they all in operation at the time of loss? Yes No

Was force used to gain access? (if YES, what evidence supports this?) Yes No _____

PROPERTY

The original invoice or account for the goods should be attached. Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if not immediately available. Damaged property should be retained for inspection if required.

Detailed Description of Property _____

From where were the goods dispatched? _____

Date _____ Time _____ am/pm

Where were the goods to be delivered? _____

Value of Goods lost or damaged (net cost price) £ _____

Value of salvage (if any) £ _____

Total value of whole consignment £ _____

Approximate weight of consignment _____

Were goods covered by any other insurance? (if YES give details) _____

Have you had any other transit claims in the last three years? (if YES give details) _____

DECLARATION

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supply on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other Insurers.

The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

Signature of Policyholder _____ Date _____

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