GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke

GOODS IN TRANSIT
CLAIM FORM

INSTRUCTIONS:
- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.

CLAIM NO. _____
POLICY NO. _____

Please answer questions fully and return this form to the Company with relevant documents in support

Name of Insured _____

Address _____

Business _____

Telephone No _____

1. Date of Loss _____
2. Describe how the loss/damage occurred _____

_____

_____

_____

N.B.: If the vehicle was unattended at the time °floss, how was it secured'? _____

_____

3. Was the matter reported to the police? _____

If so, state the location of the police station _____

and Date of Report _____ and supply a copy of the Police Report of the incident.

4. Were the goods being carried in your own vehicle? ☐ Yes ☐ No

If so, please state the registration details of the vehicle _____

and the name of the Insurer of the vehicle _____

5. Did loss/damage arose out of a motor vehicle accident? ☐ Yes ☐ No

If so, please identify all vehicles and owners involved

Registration Details _____ Vehicle _____

Name of Owner _____ Address _____

6. If the goods were not being carried in your own vehicle please state mode of transport.

☐ Road ☐ Rail ☐ Aircraft ☐ Inland Water ☐ Coastal water Other _____

Note: If the loss or damage arose out of a road accident, please complete question 5.

7. State name and address of carried of goods claimed for

Name_____ Address_____

Note: (a) Please attach copy of Delivery/Consignment Note and Carrier's Terms of Carriage.

(b) If you have note already done so, please write to the Carrier holding them responsible for the loss/damage and attach to this form a copy of your letter and any response received.

8. Description of Goods Concerned_____

_____

_____

How were the Goods packed?_____

_____

How many packages were in the consignment?_____

What was the total value of the consignment?_____

Cost Price_____ Selling Price _____

Consignee's Name_____ Consignee's Address_____

Date Goods left your premises_____

PARTICULARS OF GOODS LOST OR DAMAGED

Note: All Invoices, delivery notes, receipts and relevant correspondence are to be returned with this form

Quantity	Description	Value
	Total Value of Salvage	
	Nett Loss or Cost of Repair	

Address where damaged goods can be inspected _____

_____

I/We declare that these particulars are true and complete in every respect.

Date_____ Signature_____