

**GEMINIA INSURANCE COMPANY LIMITED**

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# 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, 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 \_\_\_\_\_