



REGENCY ALLIANCE INSURANCE PLC.

RC. 223946

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CLAIM NO. _____

GOODS IN TRANSIT CLAIM FORM (OWNERS RISKS)

Please answer questions fully and return this form without delay

POLICY NUMBER _____ Date of payment of last premium _____

Name of Insured _____

Occupation _____ Telephone (Business) _____

Address _____ Telephone (Home) _____

Were the Goods lost or were they damaged? _____

Date and time of loss or damage _____ Place _____

By whom reported? _____

How did loss or damage occur? _____

IF GOODS WERE CARRIED IN OWN VEHICLE OR VEHICLE OPERATED BY YOU, STATE:-

Reg. No. vehicle _____ Make and type _____

Value of load _____

If vehicle left unattended, were all doors and windows secured? _____

IF GOODS WERE CARRIED IN OWN VEHICLE OPERATED BY YOU, STATE:-

Date and time of despatch _____

By Parcel/Letter/Registered Post from _____ Post Office _____

By _____ Goods _____ Company's _____ Risk from _____ Station _____
Passenger _____ Owner's _____

By Road Carrier (name and address) _____

_____ from _____ Depot _____

Was any receipt obtained? _____ (a) on collection _____ (b) On delivery _____
(If so, please forward them)

Date of notification in writing to person or persons responsible for transit or storage _____

Conditions of Carriage: As most Carriers lay down in their Conditions time limits for the notification of loss or damage, and advice of the details of such loss or damage, it is particularly requested that prompt notification is made to the Carrier concerned

IN RESPECT OF PROPERTY LOST:

When did you advise the Police and where? _____

What other steps have you taken to trace it _____

IN RESPECT OF PROPERTY DAMAGED:

Where can the damaged goods be inspected? _____

P.T.O

Was all the property claimed for, your own? _____

If not give details of ownership or interest _____

Are there any other effective insurances over the property concerned _____

If so, state particulars _____

Has the Current Premium been paid? _____

If yes, when was it paid and to whom? _____

N.B THESE QUESTIONS MUST BE FULLY ANSWERED

STATEMENT OF CLAIM

N.B (1) The Amount to be claimed on any article is limited to the actual intrinsic value at the time of the loss.
The amount of damage should be stated.

(2) Receipts obtained at time of purchase of the undermentioned articles should be attached wherever possible for inspection and subsequent return.

Description of Property	If damaged state nature of damage	Belonging to	When and where bought	Price Paid		Deduction for age, use wear and tear		Amount Claimed	
				₦	K	₦	K	₦	K

I HEREBY DECLARE that the property claimed for particulars of which are given above, has been lost or damaged and that all the statements on this form are to the best of my knowledge and belief, correct.

Date _____ 20 _____ Signature of Insured _____

DISCOVERY OF LOSS: The Assured must promptly take all practical steps to trace the property and secure conviction of the guilty party or parties.

NOTIFICATION OF POLICE: The Police Authorities must be notified of loss without delay.

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM