

INSURED

Insured name		Policy number	
Contact number		Email address	

DETAILS OF LOSS/DAMAGE

Date of loss		Time of loss	
Place where incident occurred		When discovered	
Number of packages		Total weight	
If goods were part only of consignment, describe nature of other goods and value			
Place of dispatch		Date of dispatch	
Circumstances of loss/damage			
Make of vehicle		Model	
Registration number		Reported to police	

OTHER PARTY

Name		Contact number		+
Address		ID/passport number		X

WITNESSES

Name		Contact number		+
Address				X

DETAILS OF GOODS

How were goods transported			
Who transported goods			
Advised of loss/damage			
Name of goods owner		Contact number	
Name of insurer		Contact number	
Were you the principal contractor		Were you a sub-contractor	
Did you/employees load the vehicle		Unload the vehicle	
Did the consignees accept delivery			
Did you use the standard trading conditions of carriage			
What conditions of carriage did you use			
*Attach a specimen copy			
Has a claim been made against you by the owner			
*All invoices, delivery notes, receipts and correspondence are to be sent with this form			

Quantity	Description	Value	
			+
			X
		Total	

Address where damaged goods can be inspected

DECLARATION

I/we hereby provide Alpha Insure (Pty) Ltd or the insurer with the necessary permission and consent to obtain and extract, by any means necessary, any and all information pertaining to the motor vehicle in question in order to validate the damages/theft and claim in this regard.

I/we hereby acknowledge that Alpha Insure (Pty) Ltd or the insurer may make an enquiry, where applicable, to any relevant authority or institution, (including, but not limited to) the South Africa Revenue Services (SARS), South African Police Services (SAPS), South African Insurance Crime Bureau (SAICB), any registered financial, insurance or banking institutions, or any of their authorised representatives, to obtain, confirm or validate any information, related information or details as being reported on or related to any information contained in this claim form.

I/we hereby waive my/our right to privacy with regard to underwriting or claims information (including credit information) that I/we provide or that is provided by another person on my/our behalf in respect of any insurance policy or claim made or lodged by me/us. I further consent to such information being disclosed by me, or any person I represent in terms of this insurance policy, to any other insurance company or its agent.

We hereby declare the afore going particulars to be true in every respect.

	Driver		
_____	_____	_____	_____
Full Name	Capacity	Date	Signature
	Insured		
_____	_____	_____	_____
Full Name	Capacity	Date	Signature

It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand. Any personal injuries noted must be reported separately to the applicable accidents fund (i.e. Road Accident Fund) without delay.