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CLAIM NO. \_\_\_\_\_

POLICY NO. \_\_\_\_\_

### GOODS IN TRANSIT CLAIM FORM

1.	a. Name and Address of Insured	
	b. Trade or Business of Insured	
	c. Telephone Number of Insured	
2	Date, time and place of loss or damage	
3	Date, time and place of loss or damage	
4	Date goods were collected,	
	Date of delivery	
5	. From:	
	In Transit To:	
6	Name and Address of carrier	
7	If goods carried by own vehicle state:	
	a. Registration Mark	
	b. Name of Driver	
	c. Category of driving Licence	
	d. Total value of Goods On Vehicle	
8	Was a clear receipt given by?	
	i. The Driver. ii. The Consignee	

	iii. If not, how was it cloused	
9	Was the conveyance of the goods subject to condition of carriage written or otherwise	
10	Could you please state where the remaining goods can be inspected?	
11	Were the goods accompanied Whilst in Transit?	
	If so, by whom?	
12	Please state the full name and addresses of those who accompanied the goods in Transit	
13	a. Is anybody suspected of the theft?	
	b. If so give full particulars	
14	Has any notice or claims been made to the carriers or Third parties?	
15	Has the police been notified, and if so at which police station?	
16	Is there any other Insurance covering loss?	
	If so give particulars.	

