

Riskflow Motor Fleet Insurance | GIT Claim Form

Inception Date of Policy:

Policy Number:

1. Broker Details

Brokerage Name:

Contact Person:

2. Insured Details

Trading Name:

Previous Trading Name:

VAT Number: Company Reg/ID Number:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Tel/Cell Nr:

Email Address:

3. Date, Time and Place of Damage/Loss

Date:

Time:

Place:

4. Details of Damages/Loss

No of packages: Total Weight:

Description of goods:

Address from which goods were despatched:

Date despatched: Time:

Address where damage goods can be inspected:

5. Police Details

Police Station:

SAP Reference Number:

Was the driver tested for alcohol or drugs: ☐ Yes ☐ No

Date Reported:

6. Third Party Details

Name:		Surname:		ID Number:	
Make:		Model:			
Year:		Registration:			

7. Vehicle Details

Make:		Model:	
Year:		Registration:	
VIN:		Was Tarps Damaged:	Yes No

8. Trailer Details

Trailer 1

Make:		Model:	
Year:		Registration:	
VIN:		Was Tarps Damaged:	Yes No

Trailer 2

Make:		Model:	
Year:		Registration:	
VIN:		Was Tarps Damaged:	Yes No

9. Security Devices

Are your vehicle fitted with Tracking devices, Alarm systems, Autotrak or other security devices?

Yes ☐ No ☐

(If yes, please specify)

10. Description of Loss/Accident

[illegible]

Place: