



Orient Insurance Ltd (PB 4720)

Head Office 133, New Bullers Road, Colombo 04, Sri Lanka Tel (+94 11) 203 0300

GOODS- IN- TRANSIT CLAIM FORM

THIS CLAIM FORM IS ISSUED WITHOUT PREJUDICE TO THE LIABILITY UNDER THE POLICY

Date of issue:

It is important that a complete answer be given to every question. If insufficient space has been provided for your answer, please continue on a separate sheet of paper.

Policy No.....

Claim No.....

INSURED OR POLICY HOLDER

1. Name and business address of Insured

..... Telephone No:

CIRCUMSTANCES OF LOSS OR DAMAGE

5. Nature of Loss or Damage.....

6. Date..... Time..... Place.....

7. State fully what happened.....

.....

8. When and by whom discovered.....

9. If known, state name and address of person causing the loss or damage.....

.....

POLICE

10. Were particulars taken by or reported to the police?..... Yes/No

If yes, give name of station and event no.....

11. Has any person been or may any person be charged with any offence arising from this loss or damage?.....

Yes/No

If yes give (a) name of person.....(b)Offence.....

(police must be informed immediately if the property has been lost, stolen or maliciously damaged Please attach a copy of first complaint)

12. In case of loss by fire, was the help of fire services sought? Yes/No

If "yes" give the name of fire service station

13.DETAILS OF PROPERTY LOST OR DAMAGE

Description of the property and extent of loss/Damage	Date acquired purchased	Cost Price Rs.	Value at time of loss Rs.	Amount Claimed Rs.

14. What is the value of the property insured by this policy?
15. What is the total value of contents at premises at the time of loss or damage?
16. Do you own the property? Yes/No
17. If “No” give the name and the address of the owner
18. If the property subject to a hire purchase mortgage or loan agreement? Yes/No
19. If “Yes” give name of the finance or lending Company, their address and agreement no.....
20. Was the property on hire or loan to another party?
21. If “Yes”, give name and address of party.....
22. Is any other party interested in the property ?.....
23. If “Yes” give name and address of the party and extent of interest.....
24. Are you responsible by agreement for the property?..... Yes/No
25. If “Yes” please forward a copy of the agreement

GENERAL QUESTIONS

26. Is there any other insurance on the property?Yes/No

27. If Yes, give details.....
.....

28. Have ever made a claim of this nature on any insurer?..... Yes/No.

29. If “Yes” give details.....
.....

Additional questions If the loss occurrence Indoors

30. State the nature of the occupancy of the premises
.....

31. Were the premises occupied at the time of the loss?.....

32. If “No”, give date and time they were last occupied.....

33. If entry was illegal, how was it obtained?.....
.....
.....

Additional Questions for glass breakage claims only

35. Size of broken glass.....

36. Type of glass.....

37. Situation (e.g./door, window, showcase, etc.).....
.....

38. Was the glass sound before the breakage?..... Yes/No.

39. Do you wish the re-glassing to be differed until further notice..... Yes/No.

Bank Account Details of the Insured for Claim Settlement

01. Name of account holder, the cheque to be credited: 03. Type of Account : Savings Current

02. Name of the Bank and Branch: 04. Account No:

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Declaration

I/We declare that these particulars are true to the best of my/our knowledge and belief.

Signature:..... NIC No..... Date:.....

Name:.....

Designation:.....

Contact No/s: