

VAPS Insurance Underwriters | 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:	<input type="text"/>	Surname:	<input type="text"/>	ID Number:	<input type="text"/>
Make:	<input type="text"/>	Model:	<input type="text"/>		<input type="text"/>
Year:	<input type="text"/>	Registration:	<input type="text"/>		<input type="text"/>

7. Vehicle Details

Make:	<input type="text"/>	Model:	<input type="text"/>
Year:	<input type="text"/>	Registration:	<input type="text"/>

8. Trailer Details

Trailer 1

Make:	<input type="text"/>	Model:	<input type="text"/>
Year:	<input type="text"/>	Registration:	<input type="text"/>

Trailer 2

Make:	<input type="text"/>	Model:	<input type="text"/>
Year:	<input type="text"/>	Registration:	<input type="text"/>

9. Security Devices

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

Yes No

(If yes, please specify)

10. Description of Loss/Accident

