



RELIANCE INSURANCE COMPANY (TANZANIA) LIMITED

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MARINE/GOODS IN TRANSIT CLAIM FORM

The issue of this form is not an admission of liability on the part of the Company.
All questions on this form must be answered in full.

Name of Insured _____

Address _____ Telephone No _____

Business/Occupation _____ Email _____

Policy Number _____ Expiry Date _____

1. Date and Time of Loss _____ a.m/p.m _____

2. Place of Loss _____

3. Described fully how the Loss/Damage occurred _____

4. If the Vehicle was unattended at the time of loss how was it Secured? _____

5. Was the matter reported to the Police? _____

Please state Location of Police Station _____

Date Reported _____

6. Were the Goods being carried in your own Vehicle? _____

If so, please state registration details of Vehicles _____

Name of the Insurer of the Vehicles _____

7. If the Loss/Damage arose out of a motor vehicle accident, please identify all vehicles and owners involved.

Registration Details	Vehicle(s)	Name & Address of Owners(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.State name and address of Carrier of Goods Claimed for:

Were the Goods Being Carried at Owner’s Risk or Carrier’s Risk?

Note: (1) Please attach copies of Delivery/Consignment Note and Carriers Term of Carriage.
 (2) If you have not done so, please write to the Carriers holding them responsible for Loss/Damage and attach to this form a copy of your letter and ay response received.

9. Description of Goods concerned _____

What was the total value of the consignment? _____

Consignee’s Name and Address _____

Date Goods left your Premises _____

10. Particulars of Goods Lost or Damaged

Note: All Invoice delivery notes, receipts and the relevant correspondence are to be submitted with this form.

Address where damaged goods can be inspected _____

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and the property described above belong to me/us, and that no other person has any interest except as mentioned in the Policy.

Date _____ Signature _____