

9. **STATE FULLY THE EXACT CAUSE OF LOSS OR DAMAGE AND ACTION TAKEN IMMEDIATELY AFTER KNOWLEDGE OF CASUALTY.**

- a) If caused through accident state exactly when and where it happened?

- b) Give particulars of any third party involved (ie name, address and registered number of vehicle)

- c) Names and addresses of any independent witnesses

- d) State if accident reported to police and if so, where. If loss due to theft, full details must be reported to the nearest police station (Include name of Station and Officer)

IMPORTANT

The following documents must accompany this form:

- i. Consignor's copy of carriers' Consignment Note (both sides).
- ii. Consignee's copy of Consignment/Delivery Note.
- iii. Copy of Consignor's Invoice or Account.

A detailed statement from the driver should also be attached. The driver may be required for interview.

ADDITIONAL QUESTIONS FOR CARRIERS AND CARTAGE CONTRACTORS ONLY

10. Name and address of Consignor(s) _____
11. Were the Goods carried in your own Vehicle? _____
12. Did Driver personally tally Consignment on to Vehicle? _____ If not, by whom was the load tallied?

13. How were the goods secured and protected on the Vehicle? - Chains, ropes, blocks, pallets, tarps etc?

14. Did you carry these goods as a Principal or Sub-Contractor? _____
15. If as Sub-Contractor, were you charged Insurance Premium? _____
16. Do owners of goods have their own insurance on the Consignment? _____ If so, with what Company?

17. Has a claim been made against you? _____ If so, attach all documents.
18. Do you support the payment of this claim? _____ Please give reasons _____

I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.

Date : _____ Signed: _____ Position: _____