



Where did incident occur:		Current location of load:	
Contact name and number of person or insured in control of load:			
Was the matter reported to the police?		Yes	No
Details of Officer/ Station:			
Date Advised:		Case Number:	
If another vehicle was involved, state Name and Address of:			
(A) Owner:			
		Code	
(B) Insurers:			
		Code	
Name and address of witness:			
		Code	
Name and address of owners of the goods:			
		Code	
For whom were goods carried:			
		Code	
Name and address of their insurers:			
		Code	
Were you the principal contractor, or a sub-contractor:			
Did you or your employees?	(A) Load the vehicle:	(B) Unload the vehicle:	
Did the consignees accept delivery?		Yes	No
If so, was a receipt given?			
Did you use the Standard trading Conditions of Carriage?		Yes	No
If not, what conditions of carriage did you use? (Please attach specimen copy)			

Has a claim been made against you by the owner?	Yes		No		Date received:	

**Particulars of goods lost or damaged:**

Quantity	Description	Value

**Declaration**

**I / we declare that these particulars are true and complete in every respect.**

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_

Signature