

**CLAIM FORM  
ROAD HAULIERS/FREIGHT SERVICES**

Please return  
completed claim  
form to:

Royal & Sun Alliance Insurance Group plc  
Marine Claims Department  
17 York Street  
Manchester  
M2 3GR  
Tel: 0161 235 3800  
Fax: 0161 235 3903

Reference number

Date

Policy No.

Name

Address

Postcode Tel No.

Business

1. Do you use Conditions of trading?

YES  NO

If 'Yes', what are they?

2. Are they applicable in this case?

YES  NO

If 'No', do you accept Common Law liability?

YES  NO

If 'No', what liability do you accept under contract or agreement with the customer concerned?

What is the upper limit of such liability?

£

3. If IFF 1984 Conditions apply, please state if your contract was as

i) an Agent or

YES  NO

ii) a Principal

YES  NO

Please attach copies of Consignment Notes, Bills of Lading and other documents and/or correspondence evidencing the terms agreed with your customer and any other parties involved in the performance of the contract.

Please attach copy invoice to customer detailing the charges raised.

## A – If Road Haulage or Freight Forwarding Contracts is Involved

1. Consignor's Name and address

2. Collection point (if different from 1. above) Name and address

3. Consignees Name and address

4. If traffic was sub-contracted to you please state - Principal Contractor

Address

5. If traffic was sub-contracted by you please state - Sub-contractor

Address

**Please attach copy of Confirmation Note or otherwise indicate how sub-contractors were held responsible.**

6. If your vehicle was involved

Make

Registration No.

Drivers Name and address

How long employed?

 years

How many vehicles do you operate?

7. Nature of load

No. of items in load

Weight of load

 Kgs

Value of load

 £

8. Date on which goods were

i) Collected

ii) Delivered

9. Signature given at Collection

Name

Was signature

i) Clear?

YES  NO

ii) Claused?

YES  NO

If claused state remarks.

Signature obtained on Delivery

Name

Was signature

i) Clear? YES  NO

ii) Claused? YES  NO

If claused state remarks.

10. Date of first complaint (other than traffic note)

11. Nature of loss or damage and description of load or part load damaged or pilfered

Weight of part load or consignment affected  Kgs Total weight of consignment  Kgs Total value of consignment  £

12. If carriage charges were raised on a capacity basis, please give details and submit copy of freight invoice

**B – Other Contracts**

1. If the Contract from which the claim arises includes some other activity (i.e. warehousing or packing etc). Please state the precise nature of the work undertaken and attach copies of documents/correspondence relating thereto.

2. Details of your customer. Name and address

3. Details of goods owner (if different from 2 above). Name and address

4. Details of premises where loss or damage occurred. Name and address of occupier

5. Are these your own premises? YES  NO   
Were goods in your own physical custody and control? YES  NO

6. If the premises were not your own/or the goods were not in your own physical custody or control, give particulars of the persons or firm entrusted with the goods and attach any documents or correspondence relating thereto. Name and address

7. When did the loss or damage occur?

8. Date of first complaint

9. Nature and extent of loss or damage and quantity of goods affected

Weight of goods affected  Kgs Value of goods affected  £

## C – General Information

1. Has this matter been reported to the Police or some other authority?

YES  NO

If 'Yes', please give name and address of authority concerned

Date reported

Time

 am/pm

Reference

2. Did the owners insure the goods?

YES  NO  Not Known

Details of Insurers if known  
Name and address

Policy No.

3. If claim relates to damage where may goods be inspected?

Name and address

Telephone

Reference

4. Gross amount  
of claim

£

Value of salvage  
if any

£

Net amount  
of claim

£

Please attach documentary evidence in support of a claim. Do **not** however delay submission of claim form if such documents are not immediately available.

## D – Report on the Circumstances of the Loss or Damage

Please supply a full description of the occurrence with employees statements attached, if possible. (In case of an unexplained deficiency kindly give your views on probable explanation e.g., misconduct, faulty documentation etc, and indicate what steps have been taken to trace or locate the missing goods). Include information relative to any other loss or damage not covered by Sections A or B of this form.

1. If theft took place from an unattended vehicle, or vehicle was stolen, please state

i) How vehicle was protected

ii) How entry was effected

iii) Was vehicle immobilised?

YES  NO

If 'Yes', state type of immobiliser/alarm system and how you consider it was overcome

2. i) If other vehicles involved, please state names and addresses of owners

ii) Vehicle registration No's.

iii) Names and addresses of drivers if different from (i) above

3. Names and addresses of owners' insurers (if known)

4. Names and addresses of any witnesses

### Declaration

- I/We declare the foregoing particulars and statements of claim to be correct and true to the best of my/our knowledge and agree to give any further information and assistance which may be required.

Signature of Insured

Date

