



redefining / standards

AXA Affin General Insurance Berhad (23820-W)

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Goods-in-transit Claim Form

Policy No.:

Branch/Agent:

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

A. THE INSURED PERSON

Name of Insured:	Tel No.:	Tel. No. (H/P):
Address:		
Telephone:	Business of Insured:	Email:

B. DETAILS OF LOSS OR DAMAGE

Date of loss or damage:	dd/mm/yy	Time:	am/pm
Description of goods concerned:			
No. of packages:	Total weight:		
How were the goods packed?			
If goods were part only of consignment, describe nature of other goods and value:			
Address from which goods were despatched:			
Date despatched:	dd/mm/yy		
Name and address of consignees:			
Circumstances of loss or damage:			
Was the matter reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill in below details)			
Date advised:	dd/mm/yy		
Details of officer or station:			

C. OTHER VEHICLE (IF ANY)

If another vehicle was involved, state name and address of:	
Owner:	Insurer:
Name and addresses of witness/es:	

CLM-GIT (09/14)

D. SECTION TO BE FILLED IN IF YOU ARE THE OWNER OF THE GOODS

How and by whom were the goods transported?

Have you advised them of the loss or damage? Yes No
(If yes, please give date advised) dd/mm/yy

Name and address of their insurers:

Please note that carriers should be notified of all losses without delay.

E. SECTION TO BE FILLED IN IF YOU ARE CLAIMING AS CARRIER OF THE GOODS

Name and address of owners of the goods:

For whom were goods carried?

Name and address of their Insurers:

Were you the principal contractor, or a sub contractor?

Registered letters and number of your vehicle concerned:

If your vehicle was unattended when loss or damage occurred, how was it secured?

Were the goods in sound condition when received? Yes No Were they checked by your driver? Yes No

Did you or your employees: Load the vehicle? Yes No Unload the vehicle? Yes No

Did the consignee accept delivery? Yes No If yes, was a receipt given? Yes No

What conditions of carriage do you use?
(Please attach a specimen copy)

Has a claim been made against you by the owner? Yes No
(If yes, please state date received) dd/mm/yy

F. PARTICULARS OF GOODS LOST OR DAMAGED

Note: All invoices, delivery notes, receipts and correspondence are to be sent with this form.

Nature of expenditure	To whom paid	Amount (state currency if not RM)
	Total Value of salvage Net loss or cost of repairs	

Address where damaged goods can be inspected:

G. INSURED'S BANK DETAILS

Name (as per bank account):

NRIC/Passport/Birth Cert. No.:

Bank Account No.:

Email:

Name of Bank:

Bank SWIFT Code:

Bank Branch/Address:

H. DECLARATION

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

Date:

Signature of Insured:

(If a Limited Company, give status of signatory)